



HAZ WASTE

COMPLIANCE





# CEDAR CHEMICAL CORPORATION AUG 1 5 1988

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

August 12, 1988

Mr. Mike Bates Arkansas Department of Pollution Control & Ecology P.O. Box 9583-8001 National Drive Little Rock, Ar. 72290

#12

Re: Tank and Drum Storage Closure Plan

Dear Mike,

Attached is a report of sampling and analysis performed by Sorrells Research, Inc. We would appreciate the Department's review and comment on this report. There are areas of the analytical results we would like to discuss.

The Department's letter of March 24, 1988 states in Item 6 that clean closure criteria for all constituents must adhere to "non-detectable" based on the specific analytical method used. This level may not be a practical value when we consider a naturally occuring background. For example we detected arsenic in all samples, but not above what is found anywhere else.

With this in mind, please review this report and let us know your comments. Due to the long laboratory delay we may not be able to meet our 90 day timetable. We have much work yet to be done.

Joe E. Porter

**Environmental Engineer** 

cc: J.H. Miles G.L. Pratt

#### SUMMARY OF REPORT

This document reports Field Sampling and Laboratory Analysis by Sorrells Research Associates, Inc., carried out for Cedar Chemical Corporation at West Helena, Arkansas as part of regulatory requirements for the latter's Closure Plan for Tank and Container Storage Area at the facility.

Sampling and analysis was carried out by Sorrells Research Associates, Inc. in accordance with the procedures of the United States Environmental Protection Agency Manual SW-846, November 1986, 3rd Edition, "Test Methods for Evaluating Solid Waste."

Soil sampling was performed June 9, 1988 from the upper surface strata from a systematic grid around the Storage Tank and Container Storage Areas, as detailed herein.

Analysis was performed for those compound historically handled by Cedar Chemical at the facility. The appropriate methods from SW-846 for these materials are:

METALS: Arsenic - Method 7061

ORGANICS: Volatiles - Method 8240 ... Benzene, Carbon Disulfide, Chlorobenzene, 1,2-Dichloroethane, Methylene Chloride, Toluene, and Xylenes

Semi-Volatiles - Method 8270...Isophorone and

Phenol

Chain of Custody Document is attached.

Field and Trip Blanks were analyzed. Replication and Recovery and Surrogate Recovery Data were determined. Summary Documentation of Analytical Procedures by analyst, analysis start times, replication and recovery results by sets are included.

I certify this is a true and correct report of the analysis performed, and that the procedures described have been implemented with good faith efforts in accordance with good laboratory practices.

K. E. Sorrells, M.S., Fellow, American Institute of Chemists

#### SAMPLING PLAN

#### A. Field Planning

The soil sampling program was undertaken to determine the extent of soil containination, if any, in the area. The Storage tank is surrounded by concrete and asphalt on three sides. It was determined to take three samples from the remaining side (North).

It was determined to collect soil samples from each side of the Container Storage Area, at intervals not to exceed 10 feet, at a distance not to exceed one foot from the edge of the concrete base, and at a depth not to exceed that of the standard collection container, the wide-mouth liter borosilicate glass with Teflon-lined cap. It was determined to use stainless steel soil sampling equipment, including the split spoon tube sampler, auger, trowel, and spatula, as appropriate.

#### SAMPLING PLAN

B. Field Equipment. (See Method Documention Section for Laboratory Equipment.)

#### SPECIAL COLLECTION REQUIREMENTS

 Soil samples were collected using stainles steel soil sampling equipment including the split spoon tube sampler, auger, trowel, and spatula.

#### FIELD MEASUREMENTS

Field observations were recorded in the Field Supervisor's Field Log.

No soil analysis was performed in the field.

#### CONTAINERS AND PRESERVATION

 For GC-MS extractables, the I-Chem Research wide-mouth Borosilicate glass liter bottles with teflon-liner caps were used.

I-Chem Research EPA protocol 40-ml, septum-capped vials were used to collect duplicate samples for GC-MS purgeables.

I-Chem Research wide-mouth Borosilicate glass liter bottles with teflon-lined caps were used for all other samples, field blanks and trip blank.

4. Waterproof tags or labels for sample marking. These were made out by C. A. Sorrells, as he kept the permanent field log, and fastened securely to each sample container, as the samples were collected and preserved. Field preservation of samples was accomplished by cooling to 4 degrees Celsius with crushed ice.

#### SAMPLING PLAN

#### Section C

Sampling Procedure: A minimum number of trained persons are to be involved in sample collection and handling. For this project, the samplers were C.A. Sorrells, and M. G. Martin. Observer for Cedar Chemical was J. E. Porter.

- Distances along the Storage Areas edges were measured for representative sampling points. These were selected by C.A. Sorrells, determined by pacing.
- 2. Soil samples were collected by M. G. Martin, using the stainless steel auger with 1 inch spoon attachment. Collections were made to approximately 4.5 inch deep by 3 inch diameter. Approximately 24 oz soil was collected at each sample site. The auger attachment was rinsed between samples with distilled water. Samples were placed in I-Chem Research wide-mouth glass, Teflon-lined-cap containers.
- Sampling devices was cleaned before and after each sample was taken, per Guality Assurance/Guality Control (QA/QC) procedures, Section 6, Paragraph D, Sorrells Research Associates Guality Assurance plan. (SRA QAP). (Disposable tissues.)

Soil from successive collections at a sample point were combined and gently mixed in order to insure both the homogeneity and the integrity of the sample. This was accomplished by C.A. Sorrells, who also filled EPA vials for volatiles analysis.

- 4. Field duplicates were taken for two of the eighteen sites, per QA/QC procedures, (SRA QAP)
- 5. Field blanks were provided by the laboratory, in accordance with GA/GC procedures, (SRA GAP). Field blanks were provided to document absence of contamination or introduction of extraneous-origin analytes or interferences.

 The following information was recorded on the sample tag or label.

Site number:
Date: Time:
Name of Collector:
Preservation Used:
Analysis Required:

This work was accomplished by C. A Sorrells, who also provided the proper preservation for each sample, according to required analysis for the respective aliquots by container.

- 7. A hard-covered bound Field Book was used to record the same data as was listed on the sample tag, plus other field notes. This log was kept by C. A. Sorrells.
- 8. Samples were preserved by immediately by chilling the sample jar in a durable ice chest with crushed ice.
- 9. Chain of Custody Forms were completed. Copy attached.
- 10. Samples were transported immediately by Sorrells Research Associates, Inc. to the laboratory in Little Rock, Arkansas for Analysis.

C145.001 - .004 DEDAR CHEMICAL CORPORATION HIGHWAY 252 SOUTH WEST HELENA AR 72390

| ANALYTE             | PLANT<br>EAST<br>SOUTH 20' | PLANT<br>EAST<br>SOUTH 10' | PLANT<br>EAST<br>CENTER | PLANT<br>EAST<br>NORTH 10' |
|---------------------|----------------------------|----------------------------|-------------------------|----------------------------|
|                     | Mg/kg w/w                  | Mg/kg w/w                  | Mg/kg w/w               | Mg/kg w/w                  |
| Benzene             | < .01                      | < .01                      | < .01                   | < .01                      |
| Carbon Disulfide    | < 0.1                      | < 0.1                      | < 0.1                   | < 0.1                      |
| Chlorobenzene       | < .01                      | < .01                      | < .01                   | < .01                      |
| 1,2-Dichloroethane  | < .01                      | < .01                      | < .01                   | < .01                      |
| Methylene Chloride  | < .01                      | < .01                      | < .01                   | < .01                      |
| Toluene             | < 0.05                     | < 0.05                     | < 0.05                  | < 0.05                     |
| Xylene              | < 0.05                     | < 0.05                     | < 0.05                  | < 0.05                     |
| Isophorone          | < .01                      | < .01                      | < .01                   | < .01                      |
| Pheno1              | < 0.02                     | < 0.02                     | < 0.02                  | < 0.02                     |
| Arsenic             | 1.44                       | 1.38                       | 4.38                    | 1.75                       |
| Cyanide             | < 0.05                     | < 0.05                     | < 0.05                  | < 0.05                     |
| pH (Units)*         | 8.31 *                     | 8.51 *                     | 8.55 *                  | 8.03 *                     |
| Total Solids (%) ** | 97 **                      | 89.4 **                    | 92.1 **                 | 89.3 **                    |

C145.005 - .008 CEDAR CHEMICAL CORPORATION HIGHWAY 252 SOUTH WEST HELENA AR 72390

|   | ANALYTE             | PLANT<br>EAST<br>NORTH 20' | PLANT<br>WEST<br>SOUTH 20' | PLANT<br>WEST<br>SOUTH 10' | PLANT<br>WEST<br>CENTER |
|---|---------------------|----------------------------|----------------------------|----------------------------|-------------------------|
|   |                     | Mg/kg w/w                  | Mg/kg w/w                  | Mg/kg w/w                  | Mg/kg w/w               |
|   | Benzene             | < .01                      | < .01                      | < .01                      | < .01                   |
|   | Carbon Disulfide    | < 0.1                      | < 0.1                      | < 0.1                      | < 0.1                   |
|   | Chlorobenzene       | < .01                      | < .01                      | < .01                      | < .01                   |
|   | 1,2-Dichloroethane  | < .01                      | < .01                      | < .01                      | < .01                   |
|   | Methylene Chloride  | < .01                      | < .01                      | < .01                      | < .01                   |
| ) | Toluene             | < 0.05                     | < 0.05                     | < 0.05                     | < 0.05                  |
|   | Xylene              | < 0.05                     | < 0.05                     | < 0.05                     | < 0.05                  |
|   | Isophorone          | < .01                      | < .01                      | < .01                      | < .01                   |
|   | Phenol              | < 0.02                     | < 0.02                     | < 0.02                     | < 0.02                  |
|   | Arsenic             | 2.25                       | 2.13                       | 3.13                       | 2.13                    |
|   | Cyanide             | < 0.05                     | < 0.05                     | < 0.05                     | < 0.05                  |
|   | pH (Units)*         | 8.02 *                     | 8.67 *                     | 8.43 *                     | 8.26 *                  |
|   | Total Solids (%) ** | 88.4 **                    | 95.7 **                    | 83.5 **                    | 91.6 **                 |

C145.009 - .012 CEDAR CHEMICAL CORPORATION HIGHWAY 252 SOUTH WEST HELENA AR 72390

| ANALYTE             | PLANT<br>WEST<br>NORTH 10' | PLANT<br>WEST<br>NORTH 20' | PLANT<br>SOUTH<br>WEST 10' | PLANT<br>SOUTH<br>EAST 10 |
|---------------------|----------------------------|----------------------------|----------------------------|---------------------------|
|                     | Mg/kg w/w                  | Mg/kg w/w                  | Mg/kg w/w                  | Mg/kg w/w                 |
| Benzene             | < .01                      | < .01                      | < .01                      | < .01                     |
| Carbon Disulfide    | < 0.1                      | < 0.1                      | < 0.1                      | < 0.1                     |
| Chlorobenzene       | < .01                      | < .01                      | < .01                      | < .01                     |
| 1,2-Dichloroethane  | < .01                      | < .01                      | < .01                      | < .01                     |
| Methylene Chloride  | < .01                      | < .01                      | < .01                      | < .01                     |
| Toluene .           | < 0.05                     | < 0.05                     | < 0.05                     | < 0.05                    |
| Xylene              | < 0.05                     | < 0.05                     | < 0.05                     | < 0.05                    |
| Isophorone          | < .01                      | < .01                      | < .01                      | 0.011                     |
| Phenol              | < 0.02                     | < 0.02                     | < 0.02                     | < 0.02                    |
| Arsenic             | 2.88                       | 2.50                       | 2.75                       | 1.69                      |
| Cyanide             | < 0.02                     | .026                       | < 0.02                     | < 0.02                    |
| pH (Units)*         | 8.26 *                     | 8.33 *                     | 8.20 *                     | 8.36 *                    |
| Total Solids (%) ** | 91.7 **                    | 97.1 **                    | 93 **                      | 99.8 **                   |

C145.013 - .016 CEDAR CHEMICAL CORPORATION HIGHWAY 252 SOUTH WEST HELENA AR 72390

| ANALYTE             | PLANT<br>NORTH<br>WEST 10' | PLANT<br>NORTH<br>CENTER | PLANT<br>NORTH<br>EAST 10 | TANK<br>NORTH<br>EAST 10 |
|---------------------|----------------------------|--------------------------|---------------------------|--------------------------|
|                     | Mg/kg w/w                  | Mg/kg w/w                | Mg/kg w/w                 | Mg/kg w/w                |
| Benzene             | < .01                      | < .01                    | < .01                     | < .01                    |
| Carbon Disulfide    | < 0.1                      | < 0.1                    | < 0.1                     | < 0.1                    |
| Chlorobenzene       | < .01                      | < .01                    | < .01                     | < .01                    |
| 1,2-Dichloroethane  | < .01                      | < .01                    | < .01                     | < .01                    |
| Methylene Chloride  | < .01                      | < .01                    | < .01                     | < .01                    |
| Toluene             | < 0.05                     | < 0.05                   | < 0.05                    | < 0.05                   |
| Xylene              | < 0.05                     | < 0.05                   | < 0.05                    | < 0.05                   |
| Isophorone          | 0.01                       | < .01                    | < .01                     | < .01                    |
| Phenol              | < .02                      | < .02                    | < .02                     | < .02                    |
| Arsenic             | 4.91                       | 2.44                     | 9.44                      | 1.38                     |
| Cyanide             | < 0.05                     | < 0.05                   | < 0.05                    | < 0.05                   |
| pH (Units)*         | 8.36 *                     | 8.30 *                   | 8.40 *                    | 8.72 *                   |
| Total Solids (%) ** | 97.6 **                    | 90.2 **                  | 96.4 **                   | 91.1 **                  |

C145.017 - .018 CEDAR CHEMICAL CORPORATION HIGHWAY 252 SOUTH WEST HELENA AR 72390

| ANALYTE             | TANK<br>NORTH<br>CENTER | TANK<br>NORTH<br>WEST 10 |
|---------------------|-------------------------|--------------------------|
|                     | Mg/kg w/w               | Mg/kg w/w                |
| Benzene             | < .01                   | < .01                    |
| Carbon Disulfide    | < 0.1                   | < 0.1                    |
| Chlorobenzene       | < .01                   | < .01                    |
| 1,2-Dichloroethane  | < .01                   | < .01                    |
| Methylene Chloride  | < .01                   | < .01                    |
| Toluene             | < 0.05                  | < 0.05                   |
| Xylene              | < 0.05                  | < 0.05                   |
| Isophorone          | < .01                   | < .01                    |
| Phenol              | < 0.02                  | 0.016+- 0.002            |
| Arsenic             | 1.50                    | 0.857                    |
| Cyanide             | .057                    | .229                     |
| pH (Units)*         | 8.88 *                  | 12.12 *                  |
| Total Solids (%) ** | 84.7 **                 | 78.2 **                  |

GC-MS PURGEABLES / MGM / 6-13-88 / 0830 / SR 86 % BENZENE / KES / 6-13-88 / 1500 / 0.01 MG/KG CARBON DISULFIDE / KES / 6-13-88 / 1500 / 0.1 MG/KG CHLOROBENZENE / KES / 6-13-88 / 1500 / 0.01 MG/KG 1,2-DICHLORDETHANE / KES / 6-13-88 / 1500 / < 0.01 MG/KG METHYLENE CHLORIDE / KES /6-13-88 / 1500 / 0.01 MG/KG TOLUENE / KES / 6-13-88/ 1500 / 0.01 MG/KG XYLENE / 6-13-88 / KES / 1500 / < 0. 02 MG/KG GC-MS EXTRACTABLES / MGM / 6-14-88 / 0830 / SR 109 % ISOPHORONE / KES / 6-20-88 / 0830 / < 0.01 MG/KG PHENOL / KES / 6-20-88 / 0830 / .01 MG/KG ARSENIC / KES II / 6-14-88 / 1500 / 5%, 4% CYANIDE / 001 - 008 / MGM / 6-16-88 / < 0.02 MG/KG CYANIDE / 009 - 018 / MGM / 6-20-88 / 0% pH / PLD / 6-9-88 / 1000 / 1.5% TOTAL SOLIDS / PLD / 6-17-88 / 0 %, 0 %

ANALYTE / ANALYST / BEGAN / STD. DEVIATION OF MEAN SR = SURROGATE RECOVERY

GC-MS PRECISION AT D.L. RECOVERIES FROM SPIKED SAMPLES
AT 2 MG/KG. INORGANIC ON SELECTED SAMPLE REPONSES

METHOD DETECTION LIMITS FOR TOLUENE, XYLENE AND CN- ARE
3X TO 5X INSTRUMENT DETECTION LIMITS BECAUSE OF A BLANK
CORRECTION FOUND NECESSARY AFTER REVIEWING BLANKS OF
INTERNAL STANDARDS AND SOIL FREE FROM CONTAMINATION.

TABLE \_\_ BFB KEY ION ABUNDANCE CRITERIA

| Mass | Ion Abundance Criteria                          | Found |
|------|---|-------|
| 50   | 15 to 40 % of mass 95                           | 20%   |
| 75   | 30 to 60% of mass 95                            | 53%   |
| 95   | base peak, 100% relative abundance              | 100%  |
| 96   | 5 to 9% of mass 95                              | 9%    |
| 173  | less than 2% of mass 95                         | <1%   |
| 174  | greater than 50 % of mass 95                    | 100%  |
| 175  | 5 to 9% of mass 174                             | 7%    |
| 176  | greater than 95% but less than 101% of mass 174 | 92%   |
| 177  | 5 to 9% of mass 176                             | 10%   |

Analyst K. E. Sorrells

Date/Time 8/8/88

TABLE \_\_ BFB KEY ION ABUNDANCE CRITERIA

| Mass | Ion Abundance Criteria                          | Found |
|------|---|-------|
| 50   | 15 to 40 % of mass 95                           | 18%   |
| 75   | 30 to 60% of mass 95                            | 45%   |
| 95   | base peak, 100% relative abundance              | 100%  |
| 96   | 5 to 9% of mass 95                              | 7%    |
| 173  | less than 2% of mass 95                         | <1%   |
| 174  | greater than 50 % of mass 95                    | 99%   |
| 175  | 5 to 9% of mass 174                             | <1%   |
| 176  | greater than 95% but less than 101% of mass 174 | 98%   |
| 177  | 5 to 9% of mass 176                             |       |

Analyst K. E. Sorrells

Date/Time 8/9/88

TABLE \_\_ DFTPP KEY ION ABUNDANCE CRITERIA

| Mass | Ion Abundance Criteria             | Found |
|------|------------------------------------|-------|
| 51   | 30 to 60% of mass 198              | 88%   |
| 68   | <2% of mass 69                     | <1%   |
| 70   | <2% of mass 69                     | <1%   |
| 127  | 40-60% of mass 198                 | 53%   |
| 197  | <1% of mass 198                    | <1%   |
| 198  | base peak, 100% relative abundance | 100%  |
| 199  | 5-9% of mass 198                   | <2%   |
| 275  | 10-30% of mass 198                 | 18%   |
| 365  | >1% of mass 198                    | <1%   |
| 441  | present but less than 443          | 14%   |
| 442  | >40% of mass 198                   | 71%   |
| 443  | 17-23% of mass 442                 | 22%   |

Analyst K. E. Sorrells

Date/Time6/16/88 1030

TABLE \_\_ DFTPP KEY ION ABUNDANCE CRITERIA

| Mass | Ion Abundance Criteria             | Found |
|------|------------------------------------|-------|
| 51   | 30 to 60% of mass 198              | 41%   |
| 68   | <2% of mass 69                     | <1%   |
| 70   | <2% of mass 69                     | <1%   |
| 127  | 40-60% of mass 198                 | 34%   |
| 197  | <1% of mass 198                    | <1%   |
| 198  | base peak, 100% relative abundance | 100%  |
| 199  | 5-9% of mass 198                   | 6%    |
| 275  | 10-30% of mass 198                 | 18%   |
| 365  | >1% of mass 198                    | >1%   |
| 441  | present but less than 443          | 9%    |
| 442  | >40% of mass 198                   | 48%   |
| 443  | 17-23% of mass 442                 | 22%   |

Analyst K. E. Sorrells

Date/Time 6/20/88

TABLE \_\_ DFTPP KEY ION ABUNDANCE CRITERIA

| Mass | Ion Abundance Criteria             | Found |
|------|------------------------------------|-------|
| 51   | 30 to 60% of mass 198              | 58%   |
| 68   | <2% of mass 69                     | <1%   |
| 70   | <2% of mass 69                     | <1%   |
| 127  | 40-60% of mass 198                 | 42%   |
| 197  | <1% of mass 198                    | <1%   |
| 198  | base peak, 100% relative abundance | 100%  |
| 199  | 5-9% of mass 198                   | 6%    |
| 275  | 10-30% of mass 198                 | 18%   |
| 365  | >1% of mass 198                    | >1%   |
| 441  | present but less than 443          | <1%   |
| 442  | >40% of mass 198                   | 34%   |
| 443  | 17-23% of mass 442                 | 23%   |

Analyst K. E. Sorrells

Date/Time 6/27/88

· C145 ·

# CHAIN OF CUSTODY RECORD

| CEDAR CHEMICAL                     | Corp              |       | (conf | Soull  | Michaels             | 4. Martin                                      |
|------------------------------------|-------------------|-------|-------|--------|----------------------|--|
| MPLE COLLECTION LOCATION           | DATE              | TIME  | COMP  | GRAB   | NO. OF<br>CONTAINERS | - ANALYSIS REQUIRE                             |
| / Plant EAST CENER                 | 6-9-89            | 11:26 |       | V      | 1                    | See lost ATTAChe                               |
| 2 Mont SAST Center                 | ",                | 11:41 | 1 .   | 1      | 1                    | ų ·  |
| 3 Plant Cost CENSUR                | "                 | 11:32 |       | 1      | 1                    | · ·  |
| 4 Plantant centre                  | 4                 | 11:45 |       | V      | 1                    | γ  |
| 5 Plant East artice                | "                 | 11:50 | **    | V      | 1                    | u ·  |
| 6 NANT WEST CENSER                 | 11                | 11:53 |       | V      | 1                    |  |
| 18 mutwest course                  | 11                | 12:00 | -     | V      | /                    | "  |
| 8 Plantwest center                 | 11                | 12:04 |       | V      | 1                    | и .  |
| That West CENTER                   | 1                 | 12:10 |       | 1      | 1/,                  | •  |
| RELINDUISHED BY: (sign             | ature)<br>9, 1982 | 9     | REC   | CHILED | By (signat           | 15 Mout 6-9-881<br>EURD) DATE/TI<br>6-9-89 420 |
| ISPATCHED BY: (signatu             | ir <b>a</b> )     |       | REC   | EIVED  | 2 / //               | TORY BY: DATE/TI                               |
| ethod of Shipments<br>(CIRCLE ONE) | UPS               | BUS   | 188   | LK-IN  | SRA COURTER          | OTHER COURSER                                  |
| HOTES! Field Note IN               |                   | , ,   | B. L  | 6-     | 9-88 MB              |  |

# CHAIN OF CUSTODY RECORD

| Par Zof Zor Projecti  | ele were | 47 7.79 |      | amplers i | 15 M/m hals mat                       |
|---|----------|---------|------|-----------|---------------------------------------|
| AMPLE COLLECTION LOCATION                                       |          | TIME    | COMP | GRAB .    | NO. OF CONTAINERS - ANALYSIS REQUIRE  |
| 10 Plantweet Confee   | 6-9-89   | 12:16   | dga  | V         | 1 See let Artneted                    |
| 11 Southened Slab   | 11       | 12:20   | 1004 | V         | 1 A Short or the party of the         |
| 12 South End of Slots of and                                    | "        | 12:24   |      | V         | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| #13 North Endalsoh  | uj.      | 12:30   | 45   | V         | 1 The same a programme                |
| +14 Alorthandof slab  | 11       | 12:33   | 175  | V         | 1                                     |
| 15 North and of State cative                                    | 4        | 12:39   |      | V         | 1                                     |
| 16 Touth Track East   | ",       | 1:00    | 100  | V         |                                       |
| 17 Northtrack CENTER  | ,/       | 1:10    | 道物   | V         | 1 1 4:                                |
| #18 worth trank west  | 71       | 7:16    | 200  | 14        | 1                                     |
| RELINQUISHED BY: (sign TOE E PONTER JUN DISPATCHED BY: (signatu | 9.198    | В       | REC  | EIVED     | D FOR LABORATORY BY: DATE/TIM         |
| DISTRIBUTED DIT (MIGHACE  |          |         | 18   | 1/6       | Sent 16-9-88 420                      |
| Method of Shipments<br>(CIRCLE ONE)                             | UPS      | BUS     |      | CK-IN     | SRA COURIER OTHER COURIER             |
| NOTES! * SAME   |          |         |      |           |                                       |

#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

#### MEMORANDUM

File TO

THROUGH : Gary Martin, Manager, Technical Branch

Derick Warrick, Inspection Engineer II FROM

3-AUG-1988 DATE

: Cedar Chemical SUBJECT

Joe Porter of Cedar Chemical called me at 2:25 p.m., August 1, 1988, and asked me when was the official date for the starting of time-lines for their closure activities. After some discussion, we agreed it would be the letter Mike sent approving the soil sampling locations which were received prior. Mr. Porter then stated they were sixty (60) days into their closure plan and they were still waiting on official results from the laboratory concerning soil samples. I explained if he needed extra time for closure activities, he would simply have to submit an extension request.

DW/ckh:MEM86

8-03-88

The proper response was given so long as the justification/rationale meets reg. restriction. Time extensions must not delay required corrective actions though.

#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

#### MEMORANDUM

TO : Gary Martin, Manager, Technical Branch

FROM : Derick Warrick, Inspection Engineer II

DATE : 18-JUL-1988

SUBJECT : Cedar Chemical Corporation

At 1:15 p.m., I called Mr. Joe Porter at Cedar Chemical Corporation. I explained the results he had received from the soil testing were well out of the scope of "non-detectable" and they must follow the guidelines of the approved closure plan for any found contaminated soils. He stated they were going to do some retesting and said they may need an extension to the time frames of their closure plan. I told him to request for one in writing if he had any problems meeting time frames. I also told him to keep us updated on the retesting and any removal of soils they may try to do and to call us if they had any questions.

DW/ckh: MEM79

CSN: 540068 Part 10.

Madia: Ali, Manuel Liszardous

Sort: Permit, Compliance, Legal, Misc.

#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

#### MEMORANDUM

TO : Gary Martin, Manager, Technical Branch

FROM : Derick Warrick, Inspection Engineer I(I

DATE : 15-JUL-1988

SUBJECT : Cedar Chemical Corp.

At approximately 10:45 a.m., Joe Porter of Cedar Chemical called and updated me on the results of the soil analysis for their closure plans. The results showed detectable limits. Toluene was found in 11 of 18 samples conducted, xylene was found in 15 out of 18, cyanide and arsenic were found in all samples. All results were in the low ppb range, however. When asked, Mr. Porter sated only one lab was used (Sorrells) and no blanks or spikes were used. Mr. Porter was concerned that maybe the lab was too sensitive in their testing procedures and asked what should his next step be. I conveyed the samples were not too sensitive for the ultimate goal of "non-detectable" requirements. I stated I would get back to him Monday to state the Department's position on the matter.

DW/ckh:MEM77



## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

June 13, 1988

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation P.O. Box 2749 West Helena, AR 72390 CSN: 54 006 Spermit No.

Media: Air, Water, Solid, Vazardous

Sort: Permit, Compliance, Legal, Misc.

Dear Joe:

The Department has completed evaluation of the results of analysis on the sludges, sediments and liquids in the surface impoundments which were submitted by you an April 27, 1988.

As the results of the analysis indicate that no hazardous constituents were detected at significant levels, the requirements of paragraph 9 of the CAO are hereby deemed satisfied.

If you have any questions in this matter, please feel free to call.

Sincerely

Karen Deere Enforcement Branch Manager Hazardous Waste Division

KD: fw: 1252

cc: Legal, ADPC&E



### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

June 8, 1988

Mr. Joe E. Porter Environmental Engineer Cedar Chemical Corp. P. O. Box 2749 West Helena, AR 72390

RE: Cedar Chemical Corp.

Tank and Container Storage Closure Billings

Dear Mr. Porter:

Please find enclosed the invoice for the tank and container storage closure review fees. The final closure of the units will be deemed incomplete and therefore not approved until all corresponding fees for each unit is paid in full.

If you should have any questions or concerns, please feel free to call.

Sincerely,

Mike Bates

Chief

Hazardous Waste Division

DW/ckh:LTR153

Enclosures

cc: Gary Martin, Manager, Technical Branch
D. G. Warrick, Inspection Engineer, Technical Branch





### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

# HAZARDOUS WASTE PERMIT FEE INVOICE

CEDAR CHEMICAL CORPORATION PO BOX 2749 WEST HELENA ARKANSAS 72390

Invoice No. \_H-0049

Department Federal I. D.# 71-0388878

CLOSURE PLAN REVIEW FEE FOR CEDAR CHEMICAL CORPORATION

CSN: 54-0068

DATE BILLED:

JUNE 9, 1988

DATE DUE:

JULY 24, 1988

CLOSURE PLAN REVIEW FEE DUE:

\$2,500.00

ID NUMBER: ARD990660649

REFER TO: ARKANSAS HAZARDOUS WASTE MANAGEMENT CODE - SECTION 11)

PLEASE:

MAKE CHECK OR MONEY ORDER PAYABLE TO ADPCE

WRITE INVOICE NUMBER (SHOWN AT TOP OF THIS INVOICE)

ON THE CHECK
MAIL TO ADPCE AT ADDRESS ABOVE, MARKED "ATTN: PERMITS
BRANCH"

Fi6



### STATE OF ARKANSAS

# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

CSN: 54006 Permit No. ....

Media: Air, Water, Solid, Hazardous Sort: Permit, Compliance, Legal, Misc.

June 6, 1988

Joe E. Porter Environmental Engineer Cedar Chemical P.O. Box 2749 West Helena, AR 72390

Dear Mr. Porter:

RE: Part B Application Tanks T-PEZ09, T-002

The request for the withdrawal of Tanks T-PEZ09 and T-002 from the original Part B application is hereby approved. This decision is based on the premise the tanks were used only as temporary storage under RCRA definitions of less than 90 days for temporary storage classification.

Sincerely,

Mike Bates

Chief

Hazardous Waste Division

MB: fw:1239

cc: Gary Martin, ADPC&E Becky Keogh, ADPC&E

D.G. Warrick, ADPC&E



# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

BOOI NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

May 24, 1988

Mr. Joe Porter Environmental Engineer Cedar Chemical Corp. P. O. Box 2749 West Helena, AR 72390

RE: Cedar Chemical Corporation Final Closure

Tank and Container Storage

Dear Mr. Porter:

We have reviewed the submitted drawing swith soil sample locations supplied by Cedar Chemical Corp. dated May 15, 1988.

The map detail is deemed adequate, therefore, all sampling activities can commence within the time frames of the approved closure plan, however, any additional sampling which the independent professional engineer may require will be accepted.

Sincerely,

Mike Bates

Chief

Hazardous Waste Division

DW/ckh:LTR144

cc: Gary Martin, ADPC&E
D. G. Warrick, ADPC&E

F.6



#### STATE OF ARKANSAS

# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

May 16, 1988

CSN: 540068 Permit No.

Media: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Misc.

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation P.O. Box 2749 West Helena, AR 72390

Dear Joe:

The Department has received and reviewed your submission of April 27, 1988, concerning the sampling and analysis of the surface impoundments.

There are several irregularities in the analytical results and the QA/QC portions of the report which prohibit the Department from approving the data.

Please let me know a date and time which would be convenient for you to discuss this matter.

Sincerely,

Karen Deere

Enforcement Branch Manager Hazardous Waste Division

KD:fw:ltr110

cc: Dick Cassat, ADPC&E

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501)562-7444

May 6, 1988

Mr. Joe Porter Environmental Engineer Cedar Chemical Corp. P. O. Box 2749 West Helena, AR 72390 RE: Cedar Chemical Corp. Final Closure

Tank and Container Storage

Dear Mr. Porter:

The notice of intent to approve the closure plans of Hazardous Waste Management Units at Cedar Chemical Corp. at West Helena, Arkansas was published in the Helena-West Helena World on March 30, 1988. The required thirty  $(\overline{30})$  day comment period has ended; and as of the date of this letter, no comments have been received.

In consideration of the above facts, the Department hereby approves the modified closure plan for tank units at this facility. Cedar Chemical Corp. shall implement closure as specified by the schedule in the approved closure plan.

As per your letter dated April 27, 1988, regarding the required analytical requirements for volatiles and semi-volatiles, Cedar Chemical will be held responsible to test for only those compounds which have been handled on the plant site. The list of parameters for analysis which were listed in the letter is deemed complete.

Cedar Chemical Corp. shall be responsible for continued compliance with all applicable interim status regulations until final closure is complete and certified, and the Department has released the financial assurance mechanisms in accordance with 40 CFR.143 (h), as adopted by reference in Section 3 of the Arkansas Hazardous Waste Code.

Sincerely,

Paul Means Director

DW/ckh:LTR107

cc: Mike Bates, Hazardous Waste Division Gary Martin, Hazardous Waste Division Becky Keogh, Hazardous Waste Division D. G. Warrick, Hazardous Waste Division DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583
LITTLE ROCK, ARKANSAS 72209

PHONE: (501)562-7444

CERTIFIED MAIL

May 3, 1988

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation P. O. Box 27229 West Helena, AR 72390 CSN: 540068 Permit No.

Media: Air, Water, Solid, Hezardous

Sort: Permit, Compliance Legal, Misc.

Dear Joe:

The Department has received and reviewed your letter of April 26, 1988, concerning the proposal for hydrogeologic study prepared by Grubbs, Garner and Haskyn, Inc.

The proposed scope of work appears to satisfy the requirements for a general site study. However, there were facility specific requirements in the Department's letter of December 2, 1987, which must be performed and information supplied before the hydrogeologic report can be approved. Please make sure that G.G.&H. is aware of the facility specific requirements before initiation of the work.

The implementation schedule calls for submission of the final report to the Department no later than one hundred seven (107) days after receipt of this letter.

If you have any questions, please feel free to call .

Sincerely,

Karen Deere Manager, Enforcement Branch Hazardous Waste Division

KD/ckh:LTR106

cc: Mark Simpson Legal File 6. The soils shall be analyzed for arsenic, cyanide, volatiles (EPA 8240), semi-volatiles (EPA 8250), and pH parameters. Clean closure criteria for all constituents must adhere to "non-detectable" based on the specific analytical method used.

This action is proposed by the Department pending public notice and consideration of comments received during the required public comment period of thirty (30) days. Thereafter, the items required by modification number 4 above must be submitted within fifteen (15) days of final approval by the Department of the closure plan and prior to implementation. A copy of the public notice is enclosed which will be published in the Helena-West Helena World, on March 30, 1988.

Sincerely,

Mike Bates

Chief

Hazardous Waste Division

DW/ckh:LTR21

Enclosure

cc: D. Warrick, ADPC&E Gary Martin, ADPC&E Karen Deere, ADPC&E

#### NOTICE OF CLOSURE PLAN

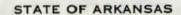
Pursuant to the Provisions of the Arkansas Hazardous Waste Management Act (Act 406 of 1979, as amended) and related Federal and State laws and regulations, the Arkansas Department of Pollution Control and Ecology is issuing a notice of intent to approve the Closure Plan of Hazardous Waste Management Units at Cedar Chemical Corp. in West Helena, Arkansas. The closure of the tank and container storage units will constitute final closure of all regulated hazardous waste management units at the facility.

Cedar Chemical Corp. previously submitted closure plans for an above ground tank and a container storage unit. The Department, pursuant to its authority under Act 406 and the Arkansas Hazardous Waste Management Code, is proposing to approve the submitted plans with modifications.

Persons desiring to comment on the closure plan may write or visit the Department of Pollution Control and Ecology, 8001 National Drive, P. O. Box 9583, Little Rock, Arkansas 72219. Copies of the Closure Plan as proposed to be modified will be available for public review at the Department Central File Room in Little Rock, Arkansas. Comments must be received by 5:00 p.m. April 29, 1988.

Dated this 30th day of March, 1988.

Paul Means Director, ADPC&E





### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

March 24, 1988

Cedar Chemical Corp. HWMU Closure Plans

The Daily World P.O. Box 340 Helena, AR 72342

ATTENTION LEGAL AD DEPARTMENT:

Please publish the attached legal notice in the Daily World Wednesday, March 30, 1988, and that date only. Send the proof of publication and three copies of the bill to: Fiscal Officer, Department of Pollution Control and Ecology, P.O. Box 9583, Little Rock, AR 72219.

If you have any questions, please call me or Richard Merritt at the telephone number above.

Sincerely,

Doug Szenher

Communications Coordinator

attachment

#### NOTICE OF CLOSURE PLAN

Pursuant to the Provisions of the Arkansas Hazardous Waste Management Act (Act 406 of 1979, as amended) and related Federal and State laws and regulations, the Arkansas Department of Pollution Control and Ecology is issuing a notice of intent to approve the Closure Plan of Hazardous Waste Management Units at Cedar Chemical Corp. in West Helena, Arkansas. The closure of the tank and container storage units will constitute final closure of all regulated hazardous waste management units at the facility.

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Dated this 30th day of March, 1988.

Paul Means Director, ADPC&E

STATE OF ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY 8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK. ARKANSAS 72209 PHONE: (501) 562-7444 March 24, 1988 CSN: 542068 Permit No. .... Media: Air, Water, Solid, Hazardous Mr. Joe E. Porter Sort: Permit, Compliance, Legal, Misc. Environmental Engineer

Cedar Chemical Corp. P. O. Box 2749 West Helena, AR 72390

Cedar Chemical Corp. - West Helena, Arkansas Tank and Container Storage Closure Plans

Dear Mr. Porter:

We have reviewed your final closure plan dated February 19, 1988 for hazardous waste storage facilities located at West Helena, Arkansas.

We are proposing to approve the final closure plans subject to the following modification requirements:

- 1. The soil samples required for closure of the container storage area and the storage tank area shall be taken no further than one (1) foot away from the paved area and no further than ten (10) feet apart.
- After excavation of any contaminated soils, the surrounding soil and bottom of excavation shall be resampled and analyzed for the constituents and criteria required for clean closure. Sample frequency shall be one (1) sample for every twenty-five (25) square feet of sub-surface soil uncovered.
- Upon determination by Cedar Chemical Corp. that clean closure cannot feasibly be accomplished, immediate notification shall be given to this Department. The closure plan shall then be amended in accordance with 40 CFR 265.112(c).
- Cedar Chemical shall submit a map which delineates the areas of the specific container storage area, the specific storage tank area and biological treatment system. The map shall also delineate each soil sample location and area specific drainage patterns. The map detail is subject to approval prior to sampling implementation by the facility.
- The wastewater generated from the cleaning process of the container storage area shall be analyzed in accordance with EPA Analytical Method 8240 or 8020 (SW-846) for toluene.

6. The soils shall be analyzed for arsenic, cyanide, volatiles (EPA 8240), semi-volatiles (EPA 8250), and pH parameters. Clean closure criteria for all constituents must adhere to "non-detectable" based on the specific analytical method used.

This action is proposed by the Department pending public notice and consideration of comments received during the required public comment period of thirty (30) days. Thereafter, the items required by modification number 4 above must be submitted within fifteen (15) days of final approval by the Department of the closure plan and prior to implementation. A copy of the public notice is enclosed which will be published in the <a href="Helena-West Helena World">Helena-West Helena World</a>, on March 30, 1988.

Sincerely,

Mike Bates

Chief

Hazardous Waste Division

DW/ckh:LTR21

Enclosure

cc: D. Warrick, ADPC&E Gary Martin, ADPC&E Karen Deere, ADPC&E

### NOTICE OF CLOSURE PLAN

Pursuant to the Provisions of the Arkansas Hazardous Waste Management Act (Act 406 of 1979, as amended) and related Federal and State laws and regulations, the Arkansas Department of Pollution Control and Ecology is issuing a notice of intent to approve the Closure Plan of Hazardous Waste Management Units at Cedar Chemical Corp. in West Helena, Arkansas. The closure of the tank and container storage units will constitute final closure of all regulated hazardous waste management units at the facility.

Cedar Chemical Corp. previously submitted closure plans for an above ground tank and a container storage unit. The Department, pursuant to its authority under Act 406 and the Arkansas Hazardous Waste Management Code, is proposing to approve the submitted plans with modifications.

Persons desiring to comment on the closure plan may write or visit the Department of Pollution Control and Ecology, 8001 National Drive, P. O. Box 9583, Little Rock, Arkansas 72219. Copies of the Closure Plan as proposed to be modified will be available for public review at the Department Central File Room in Little Rock, Arkansas. Comments must be received by 5:00 p.m. April 29, 1988.

Dated this 30th day of March, 1988.

Paul Means Director, ADPC&E

# STATE OF ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY 8001 NATIONAL DRIVE. P.O. BOX 9583 LITTLE ROCK. ARKANSAS 72209 PHONE: (501) 562-7444

March 14, 1988

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation P. O. Box 2749 West Helena, Arkansas 72390

RE: Consent Administrative Order

Dear Joe:

We have reviewed your modified hydro-geologic investigation plan dated January 25, 1988 in conjunction with your letter dated January 4, 1988. The Department is hereby approving the investigation pursuant to the following conditions:

CSN: 540068. Permit No. ....

Media: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Misc.

- Submission of an implementation schedule for the investigation within fifteen (15) days of receipt of this letter.
- An explanation of plant north versus true north should be shown on all site drawings submitted.
- All the work outlined in the January 4 letter is completed and documented in the final report.
- 4. Regional information is provided to document the conclusion that the bottom of the upper most aquifer is not deeper than 100 feet below the surface.

If you have any questions in this matter please feel free to call.

Sincerely,

Karen Deere Manager, Enforcement Branch Hazardous Waste Division

KD/ckh:LTR3

cc: Legal file Jim Rigg

|   | THE PARTY OF                            |  |   |
|---|---|--|---|
| BEFORE COPYING FORM, ATTACH SITE IDENT OR ENTER:  SITE NAME  CEDAR Chemic                                       |   | THE STATE OF THE PARTY AND THE | U.S. ENVIRONMENTAL<br>PROTECTION AGENCY   |
| WEST HELENA   | , AR 72390                              | FORM   | MAR 0 2 1983  |
| EPAID NO. [A,R,D,9,9,0,6,6]   | 0,6,4,9                                 | IC   | IDENTIFICATION AND CERTIFICATION  |
| WHO MUST COMPLETE THIS FORM? INSTRUCTIONS:  | Instruction booklet before of           | astructions beginning or<br>completing this form.<br>gh IV and Sections VI t   | n page 4 of the 1987 Hazardous Waste Report   |
| SEC. Site name and physical location which may Mark X for items A, B, C, D, F, and G if san                     |   |  |   |
| A. Site/company name Same as label & CEDHR Chemical   | Corporation                             |  | A R D990 660 649  |
| or —  C. Address number and street name of physical location - if not known same as label   or — Hw q 242 South | wn, enter industrial park, building nan | or —— ne or other physical location de   | scription   |
| O. City, town, village, etc.  Same as label WEST IfeleNA  Phill   | د ه:ا                                   | F. State Same as label   | Zip Code Same as label   7 2 3 9 0  |
| SEC. Mailing address of site.  Mark X for A, B, C, and D if same as label                                       |   | s.   |   |
| A. Number and street name of mailing address Same as label  or — P.O. Box 2749                                  |   | ENTD APR   | 1.61988   |
| B. City, town, village, etc. Same as label WEST HOLENA or —   |   | C. State Same as label   | 2. Zip Code Same as label   7   |
| SEC. III. Name, title, and telephone number of the  |   |  |   |
| Porter Toe  | e                                       | NUIRON MENTAL  | 501 572 3701  |
| Salar the Standard Industrial Classification  | n (SIC) Code that describes t           | Engineer he principal products, g  | Extension   |
| of the site. SIC codes are listed beginning  A. B.  | on page 1 of the 1987 Hazard            | dous Waste Report Code   | lustry description includes the combined activities abook.  |
| 2869 2879   |   |  |   |
| SEC and that based on my inquiry of those ind   | ividuals immediately respons            | ible for obtaining the inf   | ion submitted in this and all attached documents, ormation, I believe that the submitted information false information, including the possibility of fine |
| A. Please print: Last name First name Tohn H. Miles   |   | M.I.   | Plant Manager   |
| 8. Signature  | tes &                                   |  | Date of signature  O Z Z 9 8 8  Mo. Day Yr.   |
|   |   |  | Page 1 of 6   |

EPA Form 8700 - 13H (5-80) (Rev. 11-85) Revised (12-87)

OVER ->

PECTI FORMIC

Page 2 of \_

| cec I         |  | 1000   |
|---------------|--|--|
| SEC.<br>VI.   | Does this site's EPA ID authorize hazardous waste generation?  | MAR 0 2 1983   |
|               | NO SKIP TO SECTION VII.  |  |
| X             | YES — Did this site generate any hazardous waste during 1987?  | IVE  |
|               | YES — READ DETAILED INSTRUCTION ON PAGE 5 OF THE 1987 HAZARDOUS WASTE ACUTE AND ACCUMULATION LIMITS. MARK X NEXT TO THE HAZARDOUS WAS THAT APPLIED TO THIS SITE DURING 1987.   | REPORT INSTRUCTIONS BOOKLET FOR STE GENERATION QUANTITY CATEGORY |
|               | Category 1: More than 1000 kg (2,200 lb) in one or more months  Category 2: More than 100 kg (220 lb) but no more than 1000 kg (2,200 lb) in any sing  Category 3: No more than 100 kg (220 lb) in any single month  | le month   |
|               | Mark X if this site changed from Category 1 to Category 2 or 3 due to waste mi<br>or 1987.   | nimization activity conducted during 1986                        |
|               | NO —→ CONTINUE BELOW, MARK NEXT TO ALL THAT APPLY.   |  |
|               | Generated, excluded or delisted wastes Generated hazardous waste prior to 1987 but do not expect to generate in the future - March 1987 but do not expect to generate | ARK TOR REASON IN ONE BOX BELOW                                  |
|               | <ul> <li>☐ Waste was from one-time event(s) (e.g. spills, remedial actions, etc.)</li> <li>☐ Waste minimization activity undertaken during 1986 or 1987</li> <li>☐ Out of business</li> </ul>  |  |
|               | Generated hazardous waste prior to 1987 and expect to generate in the future   |  |
|               | Never generated before but expect to generate in the future  Never generated and do not expect to generate in the future - MARK X FOR REASON   | IN ONE BOX BELOW   |
|               | Protective notifier only   |  |
|               | Misunderstood the requirements   |  |
|               | <ul> <li>Notified to secure transportation services</li> <li>Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS</li> </ul>  |  |
|               | Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS  |  |
| SEC.<br>VII.  | Does this site have RCRA Interim Status or a RCRA permit to treat, store, or disp  | ose hazardous waste?   |
|               | NO SKIP TO SECTION VIII  |  |
| N N           | YES - Did the site treat, store, or dispose (T/S/D) hazardous waste in RCRA-regulated units d  | uring 1987?  |
| 1             | YES SKIP TO SECTION VIII   |  |
|               |  |  |
|               | T/S/D excluded waste during 1987   |  |
|               | T/S/D hazardous waste in exempt units during 1987  | PD   |
|               | □ NO — CONTINUE BELOW, MARK X NEXT TO ALL THAT APPLY     □ T/S/D excluded waste during 1987     □ T/S/D hazardous waste in exempt units during 1987     □ T/S/D hazardous waste prior to 1987 but did not T/S/D waste during 1987. MARK X III     □ T/S/D will resume in the future  | N GNEROOBERS W   |
|               |  |  |
|               | Have notified of planned closure  Site is in closure or post closure   |  |
|               | TOO I WARRY TO THE POY BELOW   |  |
|               | Never 1/5/D hazardous waste prior to 1987 but: MARK   IN ONE BOX BELOW      Expect to T/S/D hazardous waste in the future  |  |
|               | Do not expect to T/S/D hazardous waste in the future - EXPLAIN REASON FOR IN   | TERIM STATUS OR PERMIT IN COMMENTS                               |
| SEC.<br>VIII. | Do you wish to withdraw this site's generator notification or EPA Part A permit a  | pplication?  |
|               | Withdraw generator notification Yes X No   |  |
|               | Withdraw Part A permit application Yes No  |  |
| -             | Done this site have an area not requiring a DCDA Bort A or Bort B comit that it  | s upod evaluation for the start                                  |
| SEC.          | Does this site have an area not requiring a RCRA Part A or Part B permit that is accumulation of hazardous waste?  | s used exclusively for the short term                            |
| 1             | □ NO   |  |
|               | YES DOES THE AREA HAVE:  | ID THEIR TOTAL CARACTER  |
| 1             | Containers   | ID THEIR TOTAL CAPACITY IN GALLONS.                              |
|               | Tanks No No Yes - 5 Number   | +  8  6  0  0  0   Gallon capacity                               |
| Com           | nments:  |  |
|               |  |  |
|               |  |  |
|               |  |  |

1917 HAZARDOUS WASTE REPORT

## FORM GE: GENERATOR ACTIVITY REPORT

| SECTI |                        | DR 10: :A:R:D: 9:0                    |                                       | 19:                       |  | DATE RECEIVED  |          | -02-1983 |
|-------|------------------------|---------------------------------------|---------------------------------------|---------------------------|--|--|----------|----------|
| \$60  | CTION II:              | A. EPA IDENTIFICA                     |                                       |                           | ); <u>7;1;8;5;1;4</u> ;                  |  |          |          |
|       | CILITY<br>ENTIFICATION | B. NAME Rolling ADDRESS Rt CITY: PLAN | Z Box 1200<br>QUEMINE                 | newhal Se<br>-GRACIE      | Rrices of Lon<br>LANE - Baye             | usiana, Inc<br>n Sorrel<br>TATE LA III   | , 70'    | 764      |
|       | TION III:              |                                       | 1:8:1:1:4:8:8:<br>Entification number | : <u>8</u> : <b>5</b> : ; |  | 6: * PC-:0:9:9:6<br>ARSPORTATION PERMIT N  |          |          |
| 4.74  | ENTIFICATION           | C. NAME Seru : ADDRESS 430            | 1 Bridle P                            |                           |  | 214-938<br>STATE TX 2  |          |          |
|       | ON IV: TOTAL GENERA    | ATED : A. T                           |                                       |                           | PREVIOUS YEAR (196<br>REPORTING YEAR (19 |  |          | #ON      |
| ONCE  | FOR YOUR FACI          | LITT) : C. T                          |                                       |                           | EGIN OF REPORTING YEAR OF REPORTING YEAR | A SECOND CONTRACTOR OF THE PARTY OF THE PART |          |          |
| LIME: |                        | WASTE DESCRIPTION                     |                                       | : HAZARDOUS:              | C. EPA HAZARDOUS<br>WASTE MUMBER         |  | E. !     | 202      |
| 01    | Nitration              | Aqueous Wast                          | RPIS                                  | 16:                       | =:=                                      | 1,061,840  | P        | _! _     |
| 1 12  |                        | pressive Liquid                       | 2010                                  | 0:2                       | <u>D</u> 002 :                           | 653,660  | ρ        | _!!_     |
| 63    | NOS, ORI               | agardous Substante, RQ-Divite         | ANCE, Liquid                          | 1.5                       | =:=                                      | 707, 320   | P        | _!!_     |
| 64    | HAZARdon               | s Waste, Liqui<br>NA 9189             | d, NOS, ORME                          |                           | <u>Doo3</u> 1                            | 410,706  | <u>P</u> | _!!_     |
| 1 85  |                        | , Waste, Ligar<br>NA 9189             |                                       | 112                       | D003 : 6198                              | 575,960  | 2        | _!!_     |
|       |                        |                                       |                                       | ENTO                      | -:-                                      |  | _        | _  _     |
| 1 17  |                        |                                       | 1-10-14                               |                           | i  |  | _        | _!!_     |
| -     |                        |                                       |                                       |                           | 1  |  |          | ''-      |

Line No. 1 -> NON-HAZARdows waste. Not acceptable to biological treatment.

1987 HAZARDQUS WASTE REPORT

# FORM GE: GENERATOR ACTIVITY REPORT

| \$E            | CTION II:  | OR 10: :A:R:D:9:9:0:6:6  MARK [X] IF NOT REQUIRED  A. EPA IDENTIFICATION NUMBER  CO. 11:0:5 | <u>LA</u> D9  | 1,0,3,9,5,1,                              | 2; <u>7</u> ;     | _ n: _         | 1983                                   |  |  |  |  |
|----------------|--|---|---|---|-------------------|----------------|--|--|--|--|--|
|                | FACILITY: 1. HAME Rollins Environmental Services of Lowisiana, Inc.  IDENTIFICATION: ADDRESS PO Box 74137 - 13351 Scenic O Highway  CITY: Baton Rouge STATE LA 217 70807 |   |   |   |                   |                |  |  |  |  |  |
| 1              | SECTION III: A. : L:O:D: Q: 8:1:0:5:9:0:1:7: B. H-:O:1:0:4: x PC-:O:9:8:8:  TRANSPORTER : ARKANSAS TRANSPORTATION PERMIT NO.   |   |   |   |                   |                |  |  |  |  |  |
| P              | ENTIFICATION   | C. MANE Custom EN<br>ADDRESS PO BOX   | 2349  | TRANSPORT                                 | Jervice  STATE DE | zır <u> (</u>  | 9999                                   |  |  |  |  |
| 1 (COM         | ION IY: TOTAL GENER, PLETE THIS SECT E FOR YOUR FACIL  | ATED : A. TOTAL HAZAN<br>NOR ONLY : B. TOTAL HAZAN<br>LITY) : C. TOTAL HAZAN                | TARDOUS WASTE GEMERAT<br>RADOUS WASTE GEMERAT<br>TO STEAM CUOGR | ED IN REPORTING YEA<br>AT BEGIN OF REPORT | R (1987)          | 31             | ACM :                                  |  |  |  |  |
| : \$           | ECTION Y: WAS  | TE IDENTIFICATION   |   |   |                   |                | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |  |  |  |  |
| : NO :         | A.   | WASTE DESCRIPTION   | HAZARI<br>CODE  |   |                   | 18.<br>1 101 1 |  |  |  |  |  |
| : 01           | NA 9189  |   | ; 41  | 5 Doo ( 1 -                               | 30,220            | <u> </u>       | _!!_                                   |  |  |  |  |
| 12             |  | Ammable Liquid, NOS   | 1, UN 1993:<br>1 0:   | 8   |                   |                |  |  |  |  |  |
| ;<br>; 33<br>; | !<br>!   |   |   | _ _;_                                     |                   |                |  |  |  |  |  |
| 1 14           |  |   |   | _ = 1                                     |                   | _ _            | <br> !! <br>                           |  |  |  |  |
| 1 15           |  |   |   | _ = :=                                    |                   | _ _            |  |  |  |  |  |
| 1 16           |  |   |   |   |                   | _ _            |  |  |  |  |  |
| 1 17           | !<br>!   |   |   |   | P1080             | _ !            | <br>  _  _  <br>                       |  |  |  |  |
| :              | SECTION YI: C  | OMMENTS   |   | ENTO APRT                                 |                   |                |  |  |  |  |  |

EPA Form (8700-13A)

Page 5086

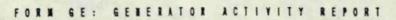
Itom 2

34,220 165: Dool to Rollins in Baton Rouge

> Post up Pallins & PAH etc.

> > 0

# 1987 HAZARDOUS WASTE REPORT



|    | -   | E  | VE   |              |
|----|-----|----|--|--------------|
|    | JUN | 08 | 1988   | THE STATE OF |
| 17 | 700 |    | The state of the s |              |

| SECT   | 10N 1: GENERATO  | DR 10: 1A.R.D.9.9.0.6.6.0.6.4. MARK (X) IF NOT RECOURED             | 9:                                     | OFFICIAL USE ONLY:<br>DATE ENTERED: |                    |              | EIVE                                   |  |  |  |
|--|--|---|--|-------------------------------------|--------------------|--------------|--|--|--|--|
| \$   | CTION II:  | A. EPA IDENTIFICATION NUMBER [[:]                                   | (:D:0:0:                               |                                     | ****************** |              | ;                                      |  |  |  |
|  | ACILITY<br>DENTIFICATION   | B. HAME Gibraltar Chemic<br>ADDRESS PO Box 248 - 1-<br>CITY: WINONA | twy 155                                | \$11                                | 214-877            | -322         | 7                                      |  |  |  |
| 1  | SECTION 111: : A. 17:×:D:0:0:0:7:4:2:3:0:4: : B. H-:0:1:1:6: = PC-:0:8:1:5: : EPA IDENTIFICATION NUMBER : ARKANSAS TRANSPORTATION PERMIT NO. |   |  |                                     |                    |              |  |  |  |  |
|  | I TRANSPORTER  I DENTIFICATION: C. NAME Gibraltar Chemical Resources, Inc. 214-977-3227  ADDRESS PO Box 248 - Hug 155                        |   |  |                                     |                    |              |  |  |  |  |
| <br>   |  | : CITY: WINDHA  |  |                                     | STATE TX           | ZIP <u>7</u> | 5792                                   |  |  |  |
| SECTION 19: TOTAL WASTE  GENERATED  A. TOTAL HAZARDOUS WASTE GENERATED IN PREVIOUS YEAR (1986)  (COMPLETE THIS SECTION ONLY  B. TOTAL HAZARDOUS WASTE GENERATED IN REPORTING YEAR (1987)  ONCE FOR YOUR FACILITY)  C. TOTAL HAZARDOUS WASTE ON-SITE AT BEGIN OF REPORTING YEAR  D. TOTAL HAZARDOUS WASTE ON-STIE AT END OF REPORTING YEAR  SECTION Y: WASTE IDENTIFICATION |  |   |  |                                     |                    |              |  |  |  |  |
| LINE: NO   |  | WASTE DESCRIPTION   | :HAZARDOUS:                            |                                     | D. AMOUNT OF       | E.           |  |  |  |  |
|  | WASTE, FO<br>RQ Toluene  | Ammable Liquid, NOS UN 1993<br>-DOOI H40/H48                        |  | D001 1                              | 28, 198,610        | P            | _!!_                                   |  |  |  |
| 1 02   |  |   |  | $\equiv =$                          |                    | _            |  |  |  |  |
| 63   |  |   |  | $\equiv :=$                         |                    | _            |  |  |  |  |
| 64   |  |   |  | <u></u> :                           |                    | _            |  |  |  |  |
| 1 05   | !<br>!   |   |  |                                     |                    | _            |  |  |  |  |
| 16   |  |   |  | _:_                                 |                    | _            | _''-                                   |  |  |  |
| 1 07   |  |   |  |                                     |                    |              |  |  |  |  |
| !  | SECTION VI: CO   | MENTS Additional TRAnsporter  | :::::::::::::::::::::::::::::::::::::: |                                     | <i>l</i>           |              | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; |  |  |  |
| : 3  |  | es, INC - TXD 981 148 88<br>Bridle PAHL - MARSHALL, TX              | 1                                      | 1 pc 996<br>24-9                    | 38-6048            |              |  |  |  |  |
| 1  | een Tru  | ching Service - ARD 9815<br>6 Box 5 - El Dorado, AR                 | 13385                                  | 1 H335 / PCI                        | 024                |              |  |  |  |  |
|  |  |   |  |                                     |                    | _            |  |  |  |  |

Item 4

Revised Page 3 g 6: Form GE

1987 HAZARDOUS WASTE REPORT

# FORM GE: GENERATOR ACTIVITY REPORT

|            | CTION II:  | HARK [X] IF NOT REQUIRED  : A. EPA IDENTIFICATION NUMBER :                      | X:D:0:0:0:1                             | :4:2:3:0:4:  |   | BY:               | 7.1         |
|------------|--|---|---|--|---|-------------------|-------------|
|            | CILITY<br>ENTIFICATION                               | ADDRESS PO Box 248 -  | Hwy 155                                 |  |   |                   |             |
|            |  | : A. : 1:X:D:0:0:0:1:4:2:3<br>: EPA IDENTIFICATION NUMBER                       | <u>0:4</u> : : :                        | . H-: 0: 1:1:0   | (as PC-1 <u>0</u> 181 <u>1</u> 1<br>(asportation permit | <u>5</u> ;<br>10. |             |
|            | ANSPORTER<br>DENTIFICATION                           | : C. NAME Gibraltar Chemic<br>: ADDRESS PO Box 248 -                            | Al Resource                             |  | 2/4-977-  |                   |             |
| ONC        | IOM IV: TOTAL GENER, PLETE THIS SECT E FOR YOUR FACT | WASTE :<br>ATED : A. TOTAL HAZARDOUS WAST<br>ION ONLY : B. TOTAL HAZARDOUS WAST | E GENERATED IN RE<br>E ON-SITE AT BEGI  | EVIOUS YEAR (198)<br>PORTING YEAR (19)<br>N OF REPORTING Y | AMOUNT  B7)  EAR  |                   | #CH         |
| LINE:      |  | WASTE DESCRIPTION   | :8. DOT : C.<br>:HAZARDOUS:<br>:_ CODE: | EPA HAZARDOUS<br>WASTE NUMBER                              | D. AMOUNT OF WASTE                                      | IE. :             |             |
| •1         | WASTE, FO<br>RQ Toluene                              | CAMMAble Liquid, NOS UN 199=<br>-DOOI H40/H48                                   | 0:8                                     | 1  | 28,198,610  | Ρ                 | _11_        |
| 02         |  |   |   |  |   |                   | _!!_        |
| 03         |  |   | EN                                      | DAPRU  |   | _                 | _!!_        |
| 04         |  |   |   |  | 1988  | _                 | _!!_        |
| <b>8</b> 5 |  |   |   |  |   | =                 | _!!_        |
|            |  |   | _  -                                    | 1  |   | =                 | _''-        |
| 16         |  |   | -                                       | 1  |   |                   | _  -        |
| 01         | !<br>!   | MMENTS Additional TRAnsporter   | ***************                         |  |   |                   | *********** |

Am! A

1987

Code Doo3

Total: 986,660

Item 13

1987

Dooz Code

Total: 653,660 165

B

# 1987 HAZARDOUS WASTE REPORT

## FORM FR: FACILITY ACTIVITY REPORT

| SECTION III: TOTAL WASTE IN STORAGE: ON DECEMBER 31, 1987 : 301 _ (Complete this section only once : 303 _ for your facility) : 305 _ |  |               |      |       |         |
|---|--|---------------|------|-------|---------|
| SECTION IV:   | GENERATOR IDENTIFICATION  ME: DRESS: TY: |               | TATE | ZIF   |         |
| SECTION V: WASTE IDENTIFICATION AND NAMAGENER INC: NO : A. WASTE DESCRIPTION  | : B. EPA HAZARDOUS                       | : C. MEHTOD : |      |       |         |
|   |  |               |      |       |         |
| 2   | _:_                                      |               |      |       | _ _,_ . |
|   | _;_                                      |               |      |       | _  .    |
|   | _:_                                      |               |      | -   - | _!!     |
| 5   | _:_                                      | _             |      |       | _       |
|   |  |               |      | -     | _       |
| 7   |  |               |      | _     | _       |
|   |  |               |      | - -   |         |
| SECTION VI: COMMENTS  |  |               |      |       |         |

PAGE

| WHO MUST COMPLETE THIS FORM?  Form WM Part I. describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annua/Plennial Report. This requirement was setablished in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).  NOTE: Generators shipping hazardous waste off site are required to certify, on here 16 of the Uniform Hazardous Waste Manifest, that they have a program in place is required to determined economically practicable, the volume and toxicity of the degree determined economically practicable, the volume and toxicity of these certification requests to storage, or disposal permit. Consistent with these certification programs.  INSTRUCTIONS:  INSTRUCTION | BEFORE CO<br>OR ENTER:<br>SITE NAME<br>EPA ID NO. | WEST HELENA, A  | Caporation<br>R 72390   | FORM WM  | U.S. ENVIRONMENTAL PROTECTION AGENCY  1987 Hazardous Waste Report  MAR 0 2 1983  WASTE MINIMIZATION  PART I   |
|--|---|---|---|--|---|
| Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generator. A similar certification must also be made by generators who have obtained a RCPA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.  INSTRUCTIONS: Please read the detailed instructions on page 8 of the 1987 Hazardous Waste Report instruction booklet before completing this form.  Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.  1. Did this site create or expand a source reduction and recycling program?  1987 1986 Prior Years  Yes No Yes No Yes No  Create  | wно ми  | IST COMPLETE THIS FORM?   | be completed by all gene<br>established in response<br>Amendments of 1984 (HS)  | rators required to file an<br>to statutory provisions i<br>WA).  | Annual/Biennial Report. This requirement was included in the Hazardous and Solid Waste  |
| Did this site create or expand a source reduction and recycling program?  1. Did this site create or expand a source reduction and recycling program?  1987 1986 Prior Years  1987 Yes No Yes No Yes No  1987 Yes No Yes No Yes No  1987 Yes No Yes No Yes No  1987 1986 Prior Years  1987 1988 Prior Years  1987 1988 Prior Years  1989 Prior Years  1980  |   | INSTRUCTIONS:   | Uniform Hazardous Waste<br>determined economically<br>similar certification must<br>storage, or disposal pern<br>report, on Form WM Part I. | e Manifest, that they have<br>practicable, the volume<br>also be made by general. Consistent with the<br>the efforts undertaken to   | e a program in place to reduce, to the degree<br>and toxicity of hazardous waste generated. A<br>rators who have obtained a RCRA treatment,<br>se certification requirements, generators must<br>implement waste minimization programs. |
| 1987 1986 Prior Years Yes No Yes No Yes No  Create   |   |   | Answer questions 1 through  | this form.<br>gh 10. Throughout this for   | rm enter "DK" if the information requested is not   |
| Yes No Yes No Yes No  Create  Expand  Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?  1987  1986  Prior Years  Yes  No  PND APR  1988  3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987  1986  Prior Years  Capital expenditures  Operating costs  Dk  \$Dk  \$Dk  \$Dk  Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  Yes No  Yes No  Yes No  Yes No  Training  | 1.  | Did this site create or expand a s                              |   |  |   |
| 2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?  1987  1986  Prior Years  Yes  No  What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (i) IF NONE.  1987  1986  Prior Years  Capital expenditures  Operating costs  Dk  Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987  1986  Prior Years  Yes  No  Yes  No  Yes  No  Training  X  X  X  X  X  X  X  X  X  X  X  X  X  |   |   |   | and the same of th |   |
| 2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?  1987  1986  Prior Years  Yes  No  What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (i) IF NONE.  1987  1986  Prior Years  Capital expenditures  Operating costs  Dk  Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987  1986  Prior Years  Yes  No  Yes  No  Yes  No  Training  X  X  X  X  X  X  X  X  X  X  X  X  X  | Marie   | Create  |   |  |   |
| recycling of hazardous waste?  Yes  No  Lent D APR  1986  Prior Years  Yes  No  What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987  1986  Prior Years  Capital expenditures  DK  DK  DK  DK  DK  Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  Yes  No  Yes  No  Yes  No  Training   |   | Expand  | × □   | Z [  |   |
| Yes  No  ENTD APR 1988  3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987  1986  Prior Years  Capital expenditures  \$ DK \$ DK \$ DK \$ DK  Operating costs  4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987  1986  Prior Years  Yes  No  |   |   |   |  |   |
| What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987 1986 Prior Years  Capital expenditures \$ DK \$ DK \$ DK  Operating costs \$ DK \$ DK \$ DK  4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  Yes No Yes No Yes No Yes No  Training X D X X X X X X X X X X X X X X X X X   |   |   | 1987  | 1986   | Prior Years   |
| What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987 1986 Prior Years  Capital expenditures \$ DK \$ D   |   |   |   |  |   |
| 3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.  1987 1986 Prior Years  Capital expenditures \$ DK \$ D  |   | No  |   | ENTO APR   | 61988   |
| Capital expenditures \$ DK \$ DK \$ DK  Operating costs \$ DK \$ DK \$ DK  4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987 1986 Prior Years Yes No Yes No Yes No  Training X DK \$ DK  | 3.  | What was the dollar amount of creduction and recycling of hazar | apital expenditures (pla<br>dous waste? ENTER Z   | ini and equipment) ar  | nd operating costs devoted to source  |
| Operating costs \$ DK \$ DK \$ DK  4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987 1986 Prior Years Yes No Yes No  Training X DK \$ DK   | 1   |   |   | 1986   | Prior Years   |
| 4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?  1987  1986  Prior Years  Yes  No  Training  Training  |   | Capital expenditures  | \$ DK   | \$ <u>DK</u>   | \$ <u></u>  |
| to identify and implement source reduction and recycling opportunities and activities?  1987 1986 Prior Years Yes No Yes No Training   | 1   | Operating costs   | \$ DK   | \$ DK  | _ \$ <u>DK</u>  |
| Yes No Yes No Yes No Training X  | 4.  |   |   |  |   |
| Training 🛛 🛣 🗌   |   |   |   |  |   |
|  | 1   | Training  |   |  |   |
| Incentives X X   | 1   |   |   |  |   |

Page 1 of

|    |             |        |  |               |             |                   | N                 | MAR 02 198     | 3          |           |
|----|-------------|--------|--|---------------|-------------|-------------------|-------------------|----------------|------------|-----------|
| 5. | assessr     | nent ( | conduct a source reductor audit is a procedure aste or the quantity wh     | that identifi | es practice | s that can be in  | sessment o        | or audit? Note | : an oppo  |           |
|    |             |        |  | 19            | 37          | 1986              | 6                 | Prior Ye       | ears       |           |
|    |             |        |  | Yes           | No          | Yes               | No                | Yes            | No         |           |
|    |             |        | Site-Wide  |               | N N         |                   | M                 | N              |            |           |
|    |             |        | Process-Specific   |               | Ц           |                   |                   |                |            |           |
| 6. |             |        | identify or implement nos waste generated at the                           |               | E REDUCT    | ION opportunit    | ties to redu      | uce the volume | and/or to  | exicity   |
|    |             |        |  | 19            | 87          | 198               | 6                 | Prior Y        | ears       | 120       |
|    |             |        |  | Yes           | No          | Yes               | No                | Yes            | No         |           |
|    |             |        | Identify   | X             | П           | 区                 | П                 | X              | П          |           |
|    |             |        | Implement  | X             | ī           | X                 | $\overline{\Box}$ | X              | ī          |           |
|    |             |        | Implement  |               |             | <u> </u>          |                   | E              |            |           |
| 7. |             |        | Insufficient capital to i practices. Lack of technical info                | nstall new    | source redu | uction equipme    | nt or imple       | ement new sou  | rce reduct | ion       |
|    | $\boxtimes$ | c.     | processes. Source reduction is n   |               |             | le: cost saving   | s in waste        | management     | or product | tion      |
|    | ×           | d.     | will not recover the ca<br>Concern that product                            |               |             | s a result of sou | urce reduc        | tion.          |            |           |
|    | X           | e.     | Technical limitations  |               |             |                   |                   |                |            |           |
|    |             | f.     | Permitting burdens.  |               |             |                   |                   |                |            |           |
|    |             | g.     | Other (SPECIFY)  |               |             |                   | TER-V             |                |            |           |
| 8. |             |        | identify or implement related at this site or sub<br>Identify<br>Implement | sequently t   |             |                   | d of on site      |                |            | nazardous |
|    |             |        |  |               |             |                   |                   |                |            |           |

| 9.  |       |  | have delayed or prev<br>LTHAT APPLY.            | ented imple   | mentation of o  | on-site or off-site | RECYCLING        | opportunities.    | MARK 🛛            |  |  |
|-----|-------|--|---|---|-----------------|---------------------|------------------|-------------------|-------------------|--|--|
|     | X     | a. Insufficient capital to install new recycling equipment or implement new recycling practices. |   |   |                 |                     |                  |                   |                   |  |  |
|     | X     | b.   | Lack of technical info                          | rmation on  | recycling tech  | niques applicabl    | e to this site's | specific produ    | ction             |  |  |
|     | X     | c.   | Recycling is not econ<br>will not recover the c |   |                 | avings in waste n   | nanagement o     | or production     |                   |  |  |
|     | X     | d.   | Concern that produc                             | t quality ma  | y decline as a  | result of recyclin  | ng.              |                   |                   |  |  |
|     |       | e.   | Requirements to mar                             | nifest waste  | s inhibit shipm | ents off site for r | ecycling.        |                   |                   |  |  |
|     |       | f.   | Financial liability pro                         | inancial liability provisions inhibit shipments off site for recycling.             |                 |                     |                  |                   |                   |  |  |
|     |       | g.   | Technical limitations                           | echnical limitations of product processes inhibit shipments off site for recycling. |                 |                     |                  |                   |                   |  |  |
|     | X     | h.   | Technical limitations                           | of producti   | on processes    | inhibit on-site red | cycling.         |                   | n Pari            |  |  |
|     |       | i.   | Permitting burdens i                            | nhibit recyc  | ling.           |                     |                  |                   | evil i            |  |  |
|     |       | j.   | Lack of permitted off                           | -site recycli   | ng facilities.  |                     |                  |                   |                   |  |  |
|     |       | k.   | Unable to identify a                            | market for re   | ecyclable mate  | erials.             |                  |                   |                   |  |  |
|     |       | 1.   | Other (SPECIFY) _                               |   |                 |                     |                  |                   |                   |  |  |
|     |       |  |   | 19<br>Technical   | 87<br>Financial | 198<br>Technical    | 6<br>Financial   | Prior \ Technical | ears<br>Financial |  |  |
|     | a.    | Local  | government                                      |   | Financial       | П                   | Financial        | recrinical        | Financial         |  |  |
|     |       |  | government                                      | П   | ñ               | H                   | ñ                | П                 |                   |  |  |
|     | c.    | Feder  | al government                                   |   |                 | ā                   | ā                | ā                 | ñ                 |  |  |
|     | d.    | Trade  | associations                                    | X   |                 |                     |                  |                   |                   |  |  |
|     | e.    | Educa  | ational institutions                            |   |                 |                     |                  |                   |                   |  |  |
|     | f.    | Suppl  | iers  | X   |                 | X                   |                  | X                 |                   |  |  |
|     | g.    | Other  | parts of your firm                              | X   |                 | X                   |                  | X                 |                   |  |  |
| Fi. | h.    | Other  | firms/consultants                               | X   |                 | X                   |                  | X                 |                   |  |  |
|     | i.    | No re  | quest made                                      |   |                 |                     |                  |                   |                   |  |  |
|     | j.    | Other etc.)  | (conferences, literatur                         | re, 📈   |                 | X                   |                  | X                 |                   |  |  |
|     | Comme | ents:  |   |   |                 |                     |                  |                   |                   |  |  |
|     |       |  |   |   |                 |                     |                  |                   |                   |  |  |

Page 3 of 3

| BEFORE COPYING FORM, ATTACH SITE IDENTIFICOR ENTER:  SITE NAME  CEDAR Chemical  WEST HELENA, AR  EPAID NO.  [A.C.D.99.0.66.6  | Corporation 72390                            | FORM WM   | WASTE MINIM                       | aste Report<br>0 2 1983   |  |  |  |  |
|---|--|---|-----------------------------------|---------------------------|--|--|--|--|
| WHO MUST COMPLETE THIS FORM?  | Form WM Part II must resulted in waste minir | be completed only by generators nization.               | that engaged in an activi         | ty during 1987 that       |  |  |  |  |
| Waste minimization means:  (1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,  (2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.  Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.  Please read the detailed instructions on page 10 of the 1987 Hazardous Waste Report Instruction booklet before completing this form.  Make and complete a photocopy of this form for each hazardous waste minimized in 1987.  Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.   |  |   |                                   |                           |  |  |  |  |
| Sec. A EPA hazardous waste code B. State hazardou   |  | r service description                                   | equested is not applicable        | D. Product or service     |  |  |  |  |
| Instruction Page 11  D_O_O_I   Page 11  | - NA man                                     | factures a synthetic dicide (technical) 1               | pyretheoid<br>Permethein          | SIC code<br>Page 11       |  |  |  |  |
| E. Waste form code Page 11  F. UOM Page 12  G. Density Page 12  Light   Bayes   Bayes | H. Source of Page 12 PROCE                   |   | 88610                             | I. Source code<br>Page 12 |  |  |  |  |
| Sec. A 1988 quantity generated B. 1987 quantill Instruction Page 13 Page 13   | tity generated                               | C. Production ratio<br>Page 13                          | D. Toxicity change cox<br>Page 15 | de                        |  |  |  |  |
| 1,7,2,8,1,4,3,0   | 7,8,3,5,9,8,0                                | 11.115  |                                   | 4                         |  |  |  |  |
| E. Waste minimization: recycling Page 15  Code  1, 0 2. 0 Quantity recycle  | N,A  | F. Waste minimization: source reduction Page 18 Code 1. | Quantity prevented                | 7,6,6,4                   |  |  |  |  |
| Sec. A. Narrative description of waste minimization project or instruction Page 23  | activity and results achieved                |   |                                   |                           |  |  |  |  |

|    |  |    | Ons: Answer questions 1 through 4. Mark 🖾 next to the effects produced by the soul in this form in Sections I through III. | rce reduction and/or recycling activity MAR 0.2 1988 |  |  |
|----|--|----|--|--|--|--|
| 1. | What effect did this site's source reduction and/or recycling activity have on the quantity of water effluent produced by hazardous waste generation processes during 1987?    |    |  |  |  |  |
|    | X  | a. | Increase in the quantity of water effluent   |  |  |  |
|    |  | b. | Decrease in the quantity of water effluent   |  |  |  |
|    |  | c. | No effect on the quantity of water effluent  |  |  |  |
|    |  | d. | Don't know   |  |  |  |
| 2. | What effect did this site's source reduction and/or recycling activity have on the toxicity of water effluent produced by hazardous waste generation processes during 1987?    |    |  |  |  |  |
|    |  | a. | Increase in the concentration of hazardous constituents  |  |  |  |
|    | $\boxtimes$  | b. | Decrease in the concentration of hazardous constituents  |  |  |  |
|    |  | C. | No effect on the concentration of hazardous constituents   |  |  |  |
|    |  | d. | Don't know   |  |  |  |
| 3. | What effect did this site's source reduction and/or recycling activity have on the quantity of air emissions produced by hazardous waste generation processes during 1987?     |    |  |  |  |  |
|    |  | a. | Increase in the quantity of air emissions  |  |  |  |
|    | X  | b. | Decrease in the quantity of air emissions  |  |  |  |
|    |  | C. | No effect on the quantity of air emissions   |  |  |  |
|    |  | d. | Don't know   |  |  |  |
| 4. | What effect did this site's source reduction and/or recycling activity have on the toxicity of the air emissions produced by hazardous waste generation processes during 1987? |    |  |  |  |  |
|    |  | a. | Increase in the concentration of hazardous constituents  |  |  |  |
|    | X  | b. | Decrease in the concentration of hazardous constituents  |  |  |  |
|    |  | c. | No effect on the concentration of hazardous constituents   |  |  |  |
|    |  | d. | Don't know   |  |  |  |

| West HELENA, AR 72390  EPAID NO. [ARD 990,6606,49]  | FORM WASTE MINIMIZATION PART 11   |
|---|---|
| Waste minimization (1) reduction in the reduction; and/or, (2) reduction in the disposed as a result  Mark and do not described booklet before community.  Make and complete Sections | means: o volume and/or toxicity of hazardous waste generated as a result of source o volume and/or toxicity of hazardous waste subsequently treated, stored, or it of on-site or off-site recycling.  complete this form if no waste minimization results were achieved during 1987.  tailed instructions on page 10 of the 1987 Hazardous Waste Report Instruction |
| E. Waste form code Page 11  Page 12            | ecticide (technical) Cypermethrin [2,8,7,9]   |
| Sec.   A. 1988 quantity generated   | C. Production ratio Page 13  D. Toxicity change code Page 15  L.D. G.G.  F. Waste minimization: source reduction Page 18  Code 1. L. Z. 3. 5  Quantity prevented  |
| Sec. A Narrative description of waste minimization project or activity and results achieved instruction Page 23  Waste minimization efforts resulted greater volume.                  | in less hazardorn components but  |

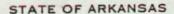
U.S. ENVIRONMENTAL PROTECTION AGENCY

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

CEDAR Chemical Conpostion

| Sec.<br>IV. |  |   | ions: Answer questions 1 through 4. Mark 🗵 next to the effects produced by the source reduction and/or recycling activity on this form in Sections I through III. |  |  |  |  |  |
|-------------|--|---|---|--|--|--|--|--|
| -1.         |  |   | did this site's source reduction and/or recycling activity have on the quantity of water effluent by hazardous waste generation processes during 1987?            |  |  |  |  |  |
|             | M  | a.  | Increase in the quantity of water effluent  |  |  |  |  |  |
|             |  | b.  | Decrease in the quantity of water effluent  |  |  |  |  |  |
|             |  | c.  | No effect on the quantity of water effluent MAR 0 2 1998  |  |  |  |  |  |
|             |  | d.  | Don't know  |  |  |  |  |  |
| 2.          |  | What effect did this site's source reduction and/or recycling activity have on the toxicity of water effluent produced by hazardous waste generation processes during 1987? |   |  |  |  |  |  |
|             |  | a.  | Increase in the concentration of hazardous constituents   |  |  |  |  |  |
|             | X  | b.  | Decrease in the concentration of hazardous constituents   |  |  |  |  |  |
|             |  | c.  | No effect on the concentration of hazardous constituents  |  |  |  |  |  |
|             |  | d.  | Don't know  |  |  |  |  |  |
| 3.          | What effect did this site's source reduction and/or recycling activity have on the quantity of air emissions produced by hazardous waste generation processes during 1987? |   |   |  |  |  |  |  |
|             |  | a.  | Increase in the quantity of air emissions   |  |  |  |  |  |
|             | $\boxtimes$  | b.  | Decrease in the quantity of air emissions   |  |  |  |  |  |
|             | n  | C.  | No effect on the quantity of air emissions  |  |  |  |  |  |
|             |  | d.  | Don't know  |  |  |  |  |  |
| 4.          |  |   | t did this site's source reduction and/or recycling activity have on the toxicity of the air emissions by hazardous waste generation processes during 1987?       |  |  |  |  |  |
|             |  | a.  | Increase in the concentration of hazardous constituents   |  |  |  |  |  |
|             | M  | b.  | Decrease in the concentration of hazardous constituents   |  |  |  |  |  |
|             |  | C.  | No effect on the concentration of hazardous constituents  |  |  |  |  |  |
|             |  | d.  | Don't know  |  |  |  |  |  |
| C           | commen   | ts:   |   |  |  |  |  |  |





# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 7:2209

May 18, 1988

PHONE: (501) 562-7444

ARD990660649 Joe E. Porter Cedar Chemical Corporation P.O. Box 2749 West Helena, AR 72390

RE: 1987 Hazardous Waste Report

Dear Mr. Porter:

After reviewing the 1987 hazardous waste report submitted for your location, the following discrepancies have been noted.

1. Page 4 lists 986,660 pounds of D003 waste and 653,660 pounds of will D002 waste was shipped to Rollins Environmental Services, Plaguemine, LA. LAD000778514. Our manifest records lists 44,360 pounds of D001 and 298,660 pounds of D002 waste shipped to the facility. We have no manifest records of D003 waste being shipped from your location. Provide a list of manifests or copies to that facility.

Page 5 lists a total of 34,220 pounds of D001 waste shipped to send Rollins Environmental Services, Baton Rouge LAD010395127. Our manifest records do not list any shipments to that facility. Provide copies of all manifests for this waste.

Our manifest records lists 143,940 pounds of D002 waste to themical whate Management Carlyss, LA, LAD000777201. Explain why this waste was not included in your report.

4. Page 3, Section IV has not been completed. This section must be completed once for your facility. Any waste that was generated in 1987 and remained on-site for less than 90 days, must be listed as a separate GE report.

Please provide an explanation for the above listed discrepancies to this Department within ten (10) working days of receipt of this letter. If you have any questions, please contact me.

Sincerely,

Vivian A. Lee Administrative Assistant

Administrative Assistant II Hazardous Waste Division 5/23
mr. Parter Willpend Capies of maniget
Then 3 does not pertain to that facility

VAL: fw: ltr1142

CEDAR CHEMICAL CORPORATION 24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348 REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701 June 2, 1988 Vivian A. Lee Arkansas Department of Pollution Control & Ecology P.O. Box 9583 - 8001 National Drive Little Rock, Ar. 72209 Re: 1987 Hazardous Waste Report Dear Ms. Lee: Attached are copies of manifests requested in your letter of May 18: Apparently both the Department and Cedar Chemical made some mistakes during the year. However, the totals are essentially correct. Through a clerical error we ceased sending the Department copies of Louisiana manifests. This has been corrected and we do not anticipate it will happen again. Sincerely

> cc: J.H. Miles B. Tucker

Joe E. Porter

**Environmental Engineer** 

Item 3

Copies of manifest numbers: (Also included in Item 1B)

LA 37587

LA 37588

LA 37565



\$3 FFR 29 1988 KD

# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION VI

ALLIED BANK TOWER AT FOUNTAIN PLACE 1445 ROSS AVENUE DALLAS, TEXAS 75202

February 26, 1988

Mr. Mike Bates, Chief
Hazardous Waste Division
Arkansas Department of Pollution
Control and Ecology
P. O. Box 9583
Little Rock, Arkansas 72219

Dear Mr. Bates:

Enclosed you will find a copy of the following RCRA Facility Assessment (RFA) report:

° Facility Name: Cedar Chemical Corp.

° EPA ID Number: ARD990660649

Additional information will be forwarded to you as it becomes available. If you have any questions, please contact me or have your staff contact Lydia Boada Clista at (214) 655-6790.

Sincerely yours,

Sam Becker, P.E.

Chief

Hazardous Waste Compliance Branch

Enclosure

CEDAR CHEMICAL CORPORATION

550 0 5 1088

FEB 25 1988

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

February 19, 1988

Karen Deere Arkansas Department of Pollution Control & Ecology P.O. Box 9583 - 8001 National Drive Little Rock, Arkansas 72209

Re: West Helena Plant - Tank and Container Storage Area Closure

An amended closure plant is attached. Comments in your letter of January 15, 1988 have been addressed.

Upon closure, an assessment of the storage tank will be upgraded to meet the requirements of an accumulation tank prior to its reuse.

Sincerely

Joe E. Porter

Environmental Engineer

cc: J.H. Miles

G.L. Pratt

A.T. Malone

# General Closure Statements

The following is a written closure plan for tank storage facilities and container storage facilities located at Cedar Chemical Corporation, West Helena, Arkansas. The closure plan follows the guidelines and requirements set forth in CFR 40, Part 265 and adopted by reference in the Arkansas Hazardous Waste Management Code. This closure plan is notification that Cedar Chemical Corporation is ceasing to conduct regulated activities of tank storage and container storage. The facility will retain its' status as a hazardous waste generator with EPA ID Number ARD 990 660 649.

Closure Performance Standard. This partial closure plan was designed to ensure that the facilities used for storage will not require further maintenance and controls except as those required under generator status for an accumulation facility.

Subsequent to the closure of the one storage tank and the container storage area, Cedar Chemical will maintain Generator status. The storage tank will assume the classification of a 90 day accumulation tank. The container storage area will also be used as a 90 day accumulation area for containerized hazardous waste.

The facility currently has one (1) storage tank and a container storage area classified as Hazardous Waste Management Units. Each unit is addressed separately in the following plan. When the plan for each unit is complete, it will constitute final closure. Post-closure care is not a requirement of the closure plan.

In the most recent Part B submittal, three tanks were listed as being used for storage. By letter to the Department on October 1, 1987, we submitted documentation of two tanks being used for accumulation rather than storage. Accumulation tanks are not

currently required to meet the financial requirements of 40 CFR Subpart H.

As of January 27, 1988, there are twenty drums stored in the container storage area. The storage tank has been empty and clean since April 1987. Drums will be removed and transported to an appropriate disposal facility in the early stages of closure. The exact facility is dependent upon the particular waste. It is anticipated that most of the current inventory will be incinerated by Rollins Environmental Services of Baton Rouge. Once these drums are removed clean up procedures will be implemented.

This closure plan is for tanks and containers used for storage. The facility will continue to use tanks and containers for less than 90 day accumulation. Therefore this is a partial closure plan for the facility.

The storage tank is not currently in use. The container storage area contains twenty drums and there is no routine generation of containerized hazardous waste. Therefore closure procedures, including transportation, storage, and disposal, will not be interfered with while clean-up procedures are being implemented.

The maximum inventory for the closure sites is (1) assumed to be the capacity of the storage tank, 20,000 gallons and (2) the actual maximum inventory for the container storage area, 37, 820 pounds. Maximum facility inventory is calculated as the maximum inventory for the container storage area plus the maximum, combined volume of tanks used for storage and/or accumulation, 68,000 gallons.

A soil sampling program will be instituted to determine the extent of any soil contamination in the area. The storage tank is surrounded by concrete and asphalt on three sides. At least two soil samples will be taken from the remaining side. The

container storage will have three samples taken from each side. If contamination is found in the soil which has resulted from spills and/or leaks of stored material, these areas will be excavated to a depth at which no contamination from stored material is detected. All contaminated soils and contaminated equipment to be disposed will be loaded and transported by truck to an appropriate disposal facility.

An independent, qualified, registered professional engineer will be employed for inspections and certifications.

### Tank Storage

Maximum inventory for tank T-B112 is assumed to be the capacity of the tank, 20,000 gallons. The tank served to manage a D002, corrosive, waste. The last shipment of this waste was made to Rollins Environmental Services, Baton Rouge, La., in March, 1987. A total of 43,000 gallons was removed from the tank in March 1987. Manifests and shipping records are available for documentation.

Description of Tank T-B112

Vertical Orientation: diameter: 12 feet

height: 24 feet

Carbon Steel Cosntruction

Maximum Capacity: 20,300 gallons

Operating Maximum Level: 18,000 gallons

Sidewall and Bottom: 3/8 inch carbon steel

Top: 1/4 inch carbon steel

Manway for side entry: 18 inch

Caged ladder on side

Vents to scrubber system or to carbon drum with flame arrestor/conservation vent

Inert atmosphere maintained with Nitrogen as required

A cleaning plan has been developed which includes elementary

neutralization of any remaining tank contents and a thorough washing with copious volumes of water. After the neutralization wash and each rinse, the tank contents will be examined analytically for the parameter of pH. Elementary neutralization may be required to bring the pH into an acceptable range. When within the range of non-hazardous waste criteria, the wash will be discharged from the tank to the on-site biological treatment system.

Associated Equipment. All piping and the pump connected to the tank will be treated in the same way. The pump and piping will be used to circulate the tank contents when washing. No brushes, shovels, or other tools will be used to clean the tank. The tank will not be dismantled, removed, or otherwise disposed of. Therefore no other equipment requires decontamination.

Containment Area. The containment area consists of a concrete floor and surrounding concrete walls. The internal dike area will be washed using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameter of pH. When within the range of non-hazardous waste criteria, the wash will be discharged from the diked area to the on-site biological treatment system.

Sampling Procedures. Washes and rinsates of the tank and its surrounding concrete dike will be sampled as grab samples in glass containers. Samples will be hand-carried to the plant laboratory and analyzed. Analysis will take place within one hour of sampling. Results will then be immediately available. Samples will be taken from the tank and/or the tank dike immediately prior to removal of any wash or rinsate. No removal will be made until results have demonstrated that the wash or rinsate is non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH. The pH value of all washes or rinsates must

be in the range of pH 5 to pH 10 prior to removal and discharge to the biological treatment system.

Analytical Method. The parameter of pH will be determined in accordance with the analytical method outlined in "Test Methods for the evaluation of Solid Waste: Physical/Chemical Methods," SW-846., and "Standard Methods for the Examination of Water and Wastewater", 16th Edition.

Certification. The tank and its surrounding concrete dike will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer and a Professional Engineer. Upon satisfaction of these parties that the tank is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of this certification will be included with notice to the State of Arkansas that the tank closure is complete within 60 days of completion of closure.

Subsequent to final closure, this tank will be placed back into service as a wastewater holding tank. Manifests, shipping records, and plant operating records will demonstrate that the tank will not be used for hazardous waste storage longer than 89 days.

### Container Storage

The container storage area for hazardous waste in drums consists of a concrete slab with center drain and a collection sump. The concrete area is surrounded by an asphalt work area and is sheltered by an aluminum roof structure.

Current (Oct 12, 1987) inventory consists of ignitable (D001) and F005 (Toluene greater than 10%) hazardous waste. These will be removed within 90 days of plan implementation. Disposal will be off-site to a commercial incinerator facility.

Once the current inventory of hazardous waste is removed, the area will be cleaned using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameters of pH and flash point. When within the range of non-hazardous waste criteria, the wash will be discharged from the sump to the on-site biological treatment system.

Containment Area and Equipment. The asphalt area surrounding the concrete slab and the concrete sump will be cleaned in the same manner as the concrete area. If any shovels or brushes are used to facilitate cleaning, they will be washed before they leave the area. All washes will be tested for the parameters of pH and flash point. Washes will then be discharged to the biological treatment system.

Sampling Procedures. Washes and rinsates from the drum storage area will be sampled as grab samples in glass containers.

Samples will be hand-carried to the plant laboratory for analysis. Discharges from the area will not be made prior to receipt of analytical results, demonstrating that washes are non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH and flash point. The pH value of all washes must be in the range of pH 5 to pH 10. All flash point values must be greater than 140 degrees F. These values will be documented prior to removal and discharge of washes to the biological treatment system. Wastewater generated in the cleaning process will also be analyzed for toluene due to its presence in the container storage area. Wastewater will only be discharged to the treatment if it meets the requirements set forth in 40 CFR paragraph 261.3.

Analytical Methods. Parameters of pH and flash point will be determined in accordance with analytical methods outlined in "Test Methods for the Evaluation of Solid Waste: Physical/Chemical Methods", SW-846.

Certification. The drum storage area will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer, and a Professional Engineer. Upon satisfaction by those parties that the drum storage area is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of the certification will be included with notice to the State of Arkansas that the storage area closure is complete within 60 days of completion of closure.

After final closure of the drum storage area, the area will be used to manage containerized, hazardous waste with less than 90 days of storage. A containerized waste management program will document containers placed in the area. A monthly inventory will be conducted and manifests/shipping records will indicate movement and disposal.

# Closure Schedule

| Week | 1  | Planning & Schedule                                |
|------|----|--|
| Week | 2  | Soil Sampling/Analysis                             |
| Week | 4  | Tank Cleaning                                      |
|      |    | Tank Dike Cleaning                                 |
| Week | 5  | Inventory Removal (off-site)                       |
|      |    | Container Storage Area Cleaning                    |
| Week | 6  | Remediation (as required)                          |
| Week | 10 | Professional Engineer Inspection and Certification |
|      |    |  |

# Closure Cost Estimate

| T-B112 Storage Tank                                |             |
|--|-------------|
| Tank Cleaning - 48 man hours @ \$25.00             | \$1200.00   |
| Tank Dike Cleaning - 40 man-hours @ 25.00          | 1000.00     |
| Wash Neutralization and disposal (on-site)         | 1000.00     |
| Third party supervision                            | 1200.00     |
| Laboratory Analysis                                | 1000.00     |
| Container Storage Area                             | 16000 00    |
| Hazardous Waste Inventory disposal (off-site)      | 16000.00    |
| Concrete slab and pump cleaning - 40 hours @ 25.00 |             |
| Third party supervision                            | 900.00      |
| Laboratory Analysis                                | 1000.00     |
| Certification                                      |             |
| Professional Engineering Services                  | 2500.00     |
|  | \$26,800.00 |

OCT 1 3 1987

Sin: Silicolos Permit No.

Sedia: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Misc.

CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

Oct. 1, 1987

Karen Deere, Manager, Enforcement Branch Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Ar. 72209

Dear Karen:

With reference to our meeting of September 23, we are submitting information for withdrawal of two tanks listed in our Part B application. The tanks are indicated by our Numbers T-PE209 and T-002. The tanks were originally designated as storage tanks under the RCRA definition of storage, however, the storage period has never exceeded 90 days.

The basis for this withdrawal is documented in the attached records. Given that the total tank volume is 27,000 gallons (243,000 pounds), manifest and shipping records indicate that the turnover rate has been much less than 90 days.

This withdrawal should simplify the impending closure plan. We appreciate your assistance and that of Becky Keogh in finalizing our plans.

Sincerely,

Joe E. Porter

cc: J.H. Miles G.L. Pratt

A. Malone

# Proposal -



Date of Acceptance \_\_

CTC INDUSTRIAL SERVICES, INC. P.O. BOX 1003 1827 LATHAM STREET MEMPHIS, TENNESSEE 38101

| Nim O   |                               | (5                               | 901) 942-1212                                 |
|---|-------------------------------|----------------------------------|---|
| OPOSAL SUBMITTED TO   | PHONE                         |                                  | DATE  |
| Cedar Chemical Co.  | 501-572                       | -3701                            | February 19, 1988                             |
| NTACT   | JOB NAME                      |                                  |   |
| Joe Porter  | Hydrob1                       | Hydroblast Cleaning JOB LOCATION |   |
| REET  | JOB COCATION                  |                                  |   |
| P.O. Box 2749   |                               |                                  |   |
| TY. STATE AND ZIP CODE  |                               |                                  |   |
| West Helena. AR 72390 We hereby submit specifications and estimates for   |                               |                                  |   |
| Hydroblast  | ting the followi              | ng items                         | at you facility:                              |
|   | tank 121D m                   | 24 1 11                          |   |
| 1). 20,000 gallon steel stor<br>2). 30' x 30' x 5' Concrete   | nad with dike                 | 24 1                             |   |
| 3). 90' x 10' drum storage  | nad with 6" drai              | n trench                         | and 4' x 4' x 4'                              |
| sump area.  | pad with a dia.               |                                  |   |
|   |                               |                                  |   |
| These areas will be hydrobla  | sted with 3000 t              | o 3500 1                         | P.S.I. presure at                             |
| 205 degrees fahrenheit. An  | estimated cost of             | f \$3200                         | .00 has been given                            |
| verbally by phone. This est   | imate does not                | nclude                           | disposal of any                               |
| waste wash materials. If yo   | u desire a firm               | bid pri                          | ce, we would be glad                          |
| to send a field engineer to   | inspect the job               | site io                          | r firm bid price.                             |
| Thank you for your considera  | tion of inviting              | CTC to                           | offer a bid price                             |
| on this job.  | tion of inviting              | 5 010 10                         | orier a pra price                             |
| on this job:  |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
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|   |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
|   |                               |                                  |   |
| The Hranage berehv to furnish   | material and labor — complete | in accordance v                  | with the above specifications, for the sum of |
|   |                               |                                  | The source specifications, for the sum of     |
|   |                               |                                  | dollars (\$                                   |
| Payment to be made as follows.  |                               |                                  |   |
|   |                               |                                  |   |
|   |                               | 11                               | 1 1   |
| All material is guaranteed to be as specified. All work to be   |                               | 11                               | 0 11/1  |
| workmanlike manner according to standard practices. Any altera-<br>from the above specifications involving extra costs will be executed | d univ upon written Signature | Sham                             | as IN Shown                                   |
| orders, and will become an extra charge over and above the estimal contingent upon strikes, accidents or delays beyond our control.     |                               | tote This propos                 | al may be                                     |
| wind damage and other necessary insurance. Our workers are Workman's Compensation Insurance.  |                               | by us if not accep               |   |
| )   |                               |                                  |   |
| Acceptance of Proposal -  | The above prices              |                                  |   |
| specifications and conditions are satisfactory and are hereby a   | accepted You are Signature -  | -                                |   |
| authorized to do the work as specified. Payment will be inade a   | is outlined above             |                                  |   |

CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749
WEST HELENA, AR 72390
(501) 572-3701

February 19, 1988

Karen Deere
Arkansas Department of Pollution Control & Ecology
P.O. Box 9583 - 8001 National Drive
Little Rock, Arkansas 72209

Re: West Helena Plant - Tank and Container Storage Area Closure

An amended closure plant is attached. Comments in your letter of January 15, 1988 have been addressed.

Upon closure, an assessment of the storage tank will be upgraded to meet the requirements of an accumulation tank prior to its reuse.

Sincerely,

Joe E. Porter

**Environmental Engineer** 

cc: J.H. Miles

G.L. Pratt

A.T. Malone

## General Closure Statements

The following is a written closure plan for tank storage facilities and container storage facilities located at Cedar Chemical Corporation, West Helena, Arkansas. The closure plan follows the guidelines and requirements set forth in CFR 40, Part 265 and adopted by reference in the Arkansas Hazardous Waste Management Code. This closure plan is notification that Cedar Chemical Corporation is ceasing to conduct regulated activities of tank storage and container storage. The facility will retain its' status as a hazardous waste generator with EPA ID Number ARD 990 660 649.

Closure Performance Standard. This partial closure plan was designed to ensure that the facilities used for storage will not require further maintenance and controls except as those required under generator status for an accumulation facility.

Subsequent to the closure of the one storage tank and the container storage area, Cedar Chemical will maintain Generator status. The storage tank will assume the classification of a 90 day accumulation tank. The container storage area will also be used as a 90 day accumulation area for containerized hazardous waste.

The facility currently has one (1) storage tank and a container storage area classified as Hazardous Waste Management Units. Each unit is addressed separately in the following plan. When the plan for each unit is complete, it will constitute final closure. Post-closure care is not a requirement of the closure plan.

In the most recent Part B submittal, three tanks were listed as being used for storage. By letter to the Department on October 1, 1987, we submitted documentation of two tanks being used for accumulation rather than storage. Accumulation tanks are not

currently required to meet the financial requirements of 40 CFR Subpart H.

As of January 27, 1988, there are twenty drums stored in the container storage area. The storage tank has been empty and clean since April 1987. Drums will be removed and transported to an appropriate disposal facility in the early stages of closure. The exact facility is dependent upon the particular waste. It is anticipated that most of the current inventory will be incinerated by Rollins Environmental Services of Baton Rouge. Once these drums are removed clean up procedures will be implemented.

This closure plan is for tanks and containers used for storage. The facility will continue to use tanks and containers for less than 90 day accumulation. Therefore this is a partial closure plan for the facility.

The storage tank is not currently in use. The container storage area contains twenty drums and there is no routine generation of containerized hazardous waste. Therefore closure procedures, including transportation, storage, and disposal, will not be interfered with while clean-up procedures are being implemented.

The maximum inventory for the closure sites is (1) assumed to be the capacity of the storage tank, 20,000 gallons and (2) the actual maximum inventory for the container storage area, 37, 820 pounds. Maximum facility inventory is calculated as the maximum inventory for the container storage area plus the maximum, combined volume of tanks used for storage and/or accumulation, 68,000 gallons.

A soil sampling program will be instituted to determine the extent of any soil contamination in the area. The storage tank is surrounded by concrete and asphalt on three sides. At least two soil samples will be taken from the remaining side. The

container storage will have three samples taken from each side. If contamination is found in the soil which has resulted from spills and/or leaks of stored material, these areas will be excavated to a depth at which no contamination from stored material is detected. All contaminated soils and contaminated equipment to be disposed will be loaded and transported by truck to an appropriate disposal facility.

An independent, qualified, registered professional engineer will be employed for inspections and certifications.

#### Tank Storage

Maximum inventory for tank T-B112 is assumed to be the capacity of the tank, 20,000 gallons. The tank served to manage a D002, corrosive, waste. The last shipment of this waste was made to Rollins Environmental Services, Baton Rouge, La., in March, 1987. A total of 43,000 gallons was removed from the tank in March 1987. Manifests and shipping records are available for documentation.

Description of Tank T-B112

Vertical Orientation: diameter: 12 feet

height: 24 feet

Carbon Steel Cosntruction

Maximum Capacity: 20,300 gallons

Operating Maximum Level: 18,000 gallons

Sidewall and Bottom: 3/8 inch carbon steel

Top: 1/4 inch carbon steel

Manway for side entry: 18 inch

Caged ladder on side

Vents to scrubber system or to carbon drum with flame arrestor/conservation vent

Inert atmosphere maintained with Nitrogen as required

A cleaning plan has been developed which includes elementary

neutralization of any remaining tank contents and a thorough washing with copious volumes of water. After the neutralization wash and each rinse, the tank contents will be examined analytically for the parameter of pH. Elementary neutralization may be required to bring the pH into an acceptable range. When within the range of non-hazardous waste criteria, the wash will be discharged from the tank to the on-site biological treatment system.

Associated Equipment. All piping and the pump connected to the tank will be treated in the same way. The pump and piping will be used to circulate the tank contents when washing. No brushes, shovels, or other tools will be used to clean the tank. The tank will not be dismantled, removed, or otherwise disposed of. Therefore no other equipment requires decontamination.

Containment Area. The containment area consists of a concrete floor and surrounding concrete walls. The internal dike area will be washed using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameter of pH. When within the range of non-hazardous waste criteria, the wash will be discharged from the diked area to the on-site biological treatment system.

Sampling Procedures. Washes and rinsates of the tank and its surrounding concrete dike will be sampled as grab samples in glass containers. Samples will be hand-carried to the plant laboratory and analyzed. Analysis will take place within one hour of sampling. Results will then be immediately available. Samples will be taken from the tank and/or the tank dike immediately prior to removal of any wash or rinsate. No removal will be made until results have demonstrated that the wash or rinsate is non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH. The pH value of all washes or rinsates must

be in the range of pH 5 to pH 10 prior to removal and discharge to the biological treatment system.

Analytical Method. The parameter of pH will be determined in accordance with the analytical method outlined in "Test Methods for the evaluation of Solid Waste: Physical/Chemical Methods," SW-846., and "Standard Methods for the Examination of Water and Wastewater", 16th Edition.

Certification. The tank and its surrounding concrete dike will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer and a Professional Engineer. Upon satisfaction of these parties that the tank is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of this certification will be included with notice to the State of Arkansas that the tank closure is complete within 60 days of completion of closure.

Subsequent to final closure, this tank will be placed back into service as a wastewater holding tank. Manifests, shipping records, and plant operating records will demonstrate that the tank will not be used for hazardous waste storage longer than 89 days.

## Container Storage

The container storage area for hazardous waste in drums consists of a concrete slab with center drain and a collection sump. The concrete area is surrounded by an asphalt work area and is sheltered by an aluminum roof structure.

Current (Oct 12, 1987) inventory consists of ignitable (D001) and F005 (Toluene greater than 10%) hazardous waste. These will be removed within 90 days of plan implementation. Disposal will be off-site to a commercial incinerator facility.

Once the current inventory of hazardous waste is removed, the area will be cleaned using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameters of pH and flash point. When within the range of non-hazardous waste criteria, the wash will be discharged from the sump to the on-site biological treatment system.

Containment Area and Equipment. The asphalt area surrounding the concrete slab and the concrete sump will be cleaned in the same manner as the concrete area. If any shovels or brushes are used to facilitate cleaning, they will be washed before they leave the area. All washes will be tested for the parameters of pH and flash point. Washes will then be discharged to the biological treatment system.

Sampling Procedures. Washes and rinsates from the drum storage area will be sampled as grab samples in glass containers.

Samples will be hand-carried to the plant laboratory for analysis. Discharges from the area will not be made prior to receipt of analytical results, demonstrating that washes are non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH and flash point. The pH value of all washes must be in the range of pH 5 to pH 10. All flash point values must be greater than 140 degrees F. These values will be documented prior to removal and discharge of washes to the biological treatment system. Wastewater generated in the cleaning process will also be analyzed for toluene due to its presence in the container storage area. Wastewater will only be discharged to the treatment if it meets the requirements set forth in 40 CFR paragraph 261.3.

Analytical Methods. Parameters of pH and flash point will be determined in accordance with analytical methods outlined in "Test Methods for the Evaluation of Solid Waste: Physical/Chemical Methods", SW-846.

Certification. The drum storage area will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer, and a Professional Engineer. Upon satisfaction by those parties that the drum storage area is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of the certification will be included with notice to the State of Arkansas that the storage area closure is complete within 60 days of completion of closure.

After final closure of the drum storage area, the area will be used to manage containerized, hazardous waste with less than 90 days of storage. A containerized waste management program will document containers placed in the area. A monthly inventory will be conducted and manifests/shipping records will indicate movement and disposal.

## Closure Schedule

| Week | 1  | Planning & Schedule                                |
|------|----|--|
| Week | 2  | Soil Sampling/Analysis                             |
| Week | 4  | Tank Cleaning                                      |
|      |    | Tank Dike Cleaning                                 |
| Week | 5  | Inventory Removal (off-site)                       |
|      |    | Container Storage Area Cleaning                    |
| Week | 6  | Remediation (as required)                          |
| Week | 10 | Professional Engineer Inspection and Certification |
|      |    |  |

# Closure Cost Estimate

| T-B112 Storage Tank                                |             |
|--|-------------|
| Tank Cleaning - 48 man hours @ \$25.00             | \$1200.00   |
| Tank Dike Cleaning - 40 man-hours @ 25.00          | 1000.00     |
| Wash Neutralization and disposal (on-site)         | 1000.00     |
| Third party supervision                            | 1200.00     |
| Laboratory Analysis                                | 1000.00     |
| Container Storage Area                             | 10000 00    |
| Hazardous Waste Inventory disposal (off-site)      | 16000.00    |
| Concrete slab and pump cleaning - 40 hours @ 25.00 |             |
| Third party supervision                            | 900.00      |
| Laboratory Analysis                                | 1000.00     |
| <u>Certification</u>                               |             |
| Professional Engineering Services                  | 2500.00     |
|  | \$26,800.00 |

& & Karen

## CEDAR CHEMICAL CORPORATION

JAN 2 9 1988

24th Floor • 5100 Poplar Avenue • Memphis, TN 8137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

Jan 27, 1988

Karen Deere Arkansas Department of Pollution Control & Ecology P.O. Box 9583-8001 National Drive Little Rock, Ar. 72209

Re: Treatment System Sampling & Analysis

Dear Karen,

Just for your information, the referenced sampling took place on January 15, 1988. A copy of the Chain of Custody Record is attached. We look forward to reviewing results with you in the near future.

Sincerety

Joe E. Porter

**Environmental Engineer** 

cc: J.H. Miles

G.L. Pratt

A.T. Malone

## CHAIN OF CUSTODY RECORD

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JAN 2 9 1988

# CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

Jan 25, 1988

Karen Deere Arkansas Department of Pollution Control & Ecology P.O. Box 9583 - 8001 National Drive Little Rock, Ar. 72209

Re: Hydrogeologic Study

Dear Karen:

Attached is a revised proposal of services from Engineering, Design and Geosciences Group, Inc. Note that this is the same company as the previous proposal. However, a re-structuring has moved their Environmental Division from Geologic Associates, Inc. to The Edge Group.

Should you or your staff have further questions, please let us know. We can arrange a technical review meeting if desired.

Sincerely

Joe E. Porter

Environmental Engineer

cc: J.H. Miles

G.L. Pratt

A.T. Malone

Charles Johnson-ADPC&E

F.6



#### STATE OF ARKANSAS

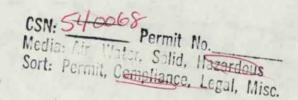
## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

CERTIFIED MAIL #P-490 584 070 RETURN RECEIPT REQUESTED

PHONE: (501) 562-7444

January 15, 1988



Joe E. Porter Environmental Engineer Cedar Chemical P.O. Box 2749 West Helena, AR 72390

Dear Mr. Porter:

RE: West Helena Site, Tank and Container Storage Area Closure

We have reviewed your closure plan dated September 14, 1987 for hazardous waste storage facilities located at West Helena, Arkansas.

The closure plan cannot be approved as submitted, enclosed are comments relative to our review. Cedar Chemical must either modify the existing plan or submit a new plan which addresses the deficiencies noted in the enclosure within thirty (30) days of receipt of this letter.

Upon closure, all tanks must meet the requirements for less than ninety (90) day storage. All tanks without secondary containment must have written assessments completed and maintained on file.

If you have any questions or concerns, please feel free to contact D. G. Warrick of my staff.

Sincerely,

hubl backs

Mike Bates Chief Hazardous Waste Division

MB:DGW:fw:143

cc: Gary D. Martin Karen Deere Derick Warrick

### GENERAL CLOSURE REQUIREMENTS

The description of the contents of the overall plan must identify the maximum extent of the operation which will be unclosed during the active life of the facility. This must include the methods for removing, transporting, treating, storing and disposing of all hazardous wastes while clean-up procedures are being implemented.

An estimate of the maximum inventory of hazardous wastes ever on-site over the active life of the facility is needed for the closure sites(s) and plant facility.

A detailed description of the methods to test all surrounding soils of the site(s) is needed along with procedures for removing and handling contaminated soils. Also a method to demonstrate success of decontamination of the site(s) is needed if contaminates are to be found.

A schedule must be provided indicating the total time required for closure. This should be broken down sufficiently to allow tracking of the progress for the closure.

The closure cost estimate must be based entirely on the cost to the owner or operator of hiring a third party to close the facility. A third party is a party who is neither a parent nor a subsidiary of the owner or operator.

Must state that the professional engineer to be independent of the company.

### CLOSURE OF CONTAINER STORAGE AREA

A schedule of final closure of the storage area and for final closure of the facility is needed reflecting closure no later than 90 days from approval of the plan or a maximum of 180 days upon approval under a granted extension period.

Need schematic drawings(s) showing maximum extent of the storage area including drainage patterns of the surrounding area and proposed locations of soil sampling.

All wastewater generated through the cleaning process associated with toluene is considered hazardous waste and must be treated as such. The wash can only be discharged into the facility's wastewater treatment system only when the wash does not exceed 25 parts per million.

The operator/owner must submit plan to test the wastewater for the above parameters before discharging and/or describe the procedures for handling the hazardous wastes generated during clean-up activities.

## CLOSURE OF TANK

1. 25 2 24

Please demonstrate that the other two tanks previously filed with this tank are not required to perform to the rules and regulations and do not have to meet the same requirements.

A schedule for final closure of the tank is needed. This must include the time frame of any decontamination practices to be employed.

Need a diagram of piping and process flow.

Need a schematic drawing(s) showing dimension and layout of the tank including drainage patterns of the surrounding area with proposed location of soil sampling.

The drawings should include:

- 1. shape of the tank
- 2. material(s) of construction
- 3. inside, outside diameters
- 4. height and length
- 5. nominal and maximum capacities
- 6. description of appurtenances (manholes, nozzles, etc.)
- 7. stairways, supports, walkways, etc.
- 8. other relevant information

Karen 'JAN 08 1988

# CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

Jan 4, 1988

Karen Deere Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Arkansas 72209

Re: Hydrogeologic Assessment Plan

Dear Karen,

We have reviewed your comments of December 2, 1987 and also discussed technical aspects with Charles Johnson. The following items have been addressed. We have asked our consulting firm, Geologic Associates, Inc., to rewrite their proposal to classify certain items.

Per your letter:

 we have asked Geologic Associates to review published material concerning the regional geology and hydrogeology of the area.

- the hydrogeologic assessment report will include:

(a) narrative description of geology

(b) geologic cross sections

(c) geologic maps(d) boring logs

(e) raw data and interpretation

(f) narrative description of groundwater with flow patterns

(q) potentiometric maps with flow lines

(h) raw data and analysis of slug or pump tests (we prefer pump test)

(i) well construction logs

- we will locate one addition well cluster in the area bounded by Hwy 242, the industrial park road, and the active plant area.
- borings will be advanced to delineate a bottom confining layer.
- At least one boring will be placed in an area of the DNBP contamination.
   Precautions will be taken to prevent cross-contamination between the well and surface soil.
- The soil sampling system is defined on page 2 as a CME continuous sampling system utilizing a nominal 2.5 inch inside diameter, split barrel sampler. More details will be provided.

 As shown on site drawings, plant north is approximately 15 degrees east of true north. Plant north is an arbitrary designation being convenient because it is perpendicular to the Union-Pacific Railroad tracks. Both designations will be shown on all drawings and noted in narratives.

We agree with the comments about additional borings and/or piezometers. The project is to determine groundwater flow and direction. We will take the steps necessary to demonstrate this. We also agree with your comments concerning PVC versus stainless. We believe PVC will be quite acceptable as piezometers and some initial well sampling. However, for the long term we do intend to use stainless steel for monitoring well construction.

We anticipate this answers any questions concerning the hydrogeologic assessment plan. We are asking Geologic Associates to formalize their plan and should have it in the next two weeks.

Sincerely,

Joe E. Porter

Environmental Engineer

cc: J.H. Miles G.L. Pratt A.T. Malone

Charles Johnson, ADPC & E

FILE



#### STATE OF ARKANSAS

# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

CSN: 540068 Permit 1

Media: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Miss.

PHONE: (501) 562-7444

Certified Mail #P 490 584 044

December 2, 1987

Mr. Joe Porter
Environmental Engineer
Cedar Chemical Corporation
P O Box 2749
West Helena. AR 72390

RE: Consent Administrative Order

Dear Joe:

I have received and reviewed your letter of November 23, 1987 concerning the sampling and analysis plan for the surface impoundments. Due to your opting not to revise the plan itself but to cover the areas of concern which were outlined in my October 22, 1987 letter in the final report, the Department will defer approval of the work until review of the report. You are hereby authorized to start implementation of the sampling and analysis plan.

The hydrogeologic assessment plan dated November 10, 1987 was reviewed and found to be deficient for the following reasons:

- There were no plans to develop regional geology and hydrogeology of the area.
- There were no plans to develop site specific geology and hydrogeology which should include:
- (a) narrative description of geology; (b) geologic cross sections; (c) geologic maps; (d) boring logs; (e) raw data and interpretive analysis of material test; (f) narrative description of groundwater with flow patterns; (g) potentiometric maps with flow lines; (h) raw data and interpretive analysis of slug test and pump tests and; (i) well construction logs.
- One additional well cluster in the field south of Highway 242 is necessary.
- Borings should be advanced to delineate a bottom confining layer.
- At least one boring should be placed in an area of the dinitrobutyl phenol contamination
- The "state-of-the-art" soil sampling system must be defined.
- An explanation of plant north vs. true north should be provided.

It should be understood that depending on the results of the initial drilling more borings and/or piezometers may be necessary. Although piezometer clusters are to be installed, and one piezometer in any perched zone is acceptable, piezometers at different depths within the uppermost aquifer are necessary. This is to check for any vertical groundwater gradient. Approximate depths should be provided for all screens. Also, since the proposed wells are to be used solely as piezometers, PVC screen and casing is acceptable. Since organics would be a likely groundwater contaminant, PVC may not be acceptable for monitoring well construction.

Pursuant to paragraph 9 (b) of the CAO, revisions to the plan must be submitted to the Department within thirty (30) days of receipt of this letter.

If you have any questions, please feel free to call Charles Johnson or myself.

Sincerely,

Karen Deere

Enforcement Branch Manager Hazardous Waste Division

KD: fw

cc: Charles Johnson, ADPC&E

Legal Filed, ADPC&E

NOV 3 0 1987

## CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

CSN: 540 668 Permit No.\_\_\_\_\_ Media: Air, Water, Salid, No.\_\_\_\_ Sort: Permit, Compliance, Lozan

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

November 23, 1987

Karen Deere Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Ar. 72209

Re: Consent Administrative Order - Paragraph 8

Dear Karen:

Concerning the sampling and analysis plan for the surface impoundments, the following items will be addressed in the final report:

1. Sampling:

Procedures
Containers
Preservatives
Field Sampling Logs
Chain of Custody Forms
QA-Q6 for Sampling

2. Analysis:

Analytical Methods Detection Limits QA-Q6 for analysis

We agree with your review of our plan and will address the above items. Should there be any questions concerning the samples or their analytical data, we will be prepared to resample.

We will also be prepared to expand our plan with further sampling and analysis should any samples be determined to meet hazardous waste criteria. Should this occur, we will endeavor to determine and define the extent of contamination and its originating source.

The Implementation Schedule for sampling is now revised to read that sampling will be performed within 45 days of the Plan's approval by the Department.

Sincerely

Joe E. Porter

Environmental Engineer

cc: J.H. Miles G.L. Pratt A. Malone

#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

### **MEMORANDUM**

TO: Karen Deere, Manager, Enforcement Branch, HW Division

FROM: Charles Johnson, Geologist II, Enforcement Branch

DATE: November 23, 1987

SUBJECT: Review of Hydrogeologic Assessment Plan submitted by Cedar Chemical

This submittal is unsatisfactory because it gives few details of any activities planned in the assessment. In fact, this submittal is only a proposal to Cedar Chemical from Geologic Associates (GA) when GA bid on the project. I saw a copy of this when I visited Cedar Chemical in August.

An acceptable plan must include, as a minimum, the following:

- Presentation of the regional geology and hydrogeology of the area. This
  information can be obtained from existing geologic and hydrologic
  information.
- Presentation of site specific geology and hydrogeology. Included in this presentation should be:
  - (a) narrative description of geology;
  - (b) geologic cross sections;
  - (c) geologic maps; (d) boring logs;
  - (e) raw data and interpretive analysis of material tests;
  - (f) narrative description of groundwater with flow patterns;
  - (g) potentiometric maps with flow lines;
  - (h) raw data and interpretive analysis of slug tests and pump tests;
  - (i) well construction logs.
- 3. It should be understood that, depending on the results of the initial drilling, more borings and/or piezometers may be necessary. Although piezometric clusters are to be installed, and one piezometer in any perched zone is acceptable, piezometers at different depths within the uppermost aquifer are necessary. This is to check for any vertical groundwater gradient. Approximate depths should be provided for all screens.
- 4. One additional well cluster in the field south of Highway 242 is necessary.
- 5. Borings should be advanced to delineate a bottom confining layer.
- 6. At least one boring should be placed in an area of the yellow contamination.

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Page Two Memorandum to Karen Deere November 23, 1987

- 7. Since the proposed wells are to be used solely as piezometers, PVC screen and casing is acceptable. Since organics would be a likely groundwater contaminant, PVC is not acceptable for monitoring well construction.
- 8. GA speaks of their "state-of-the-art soil sampling system". The details of this system should be provided.
- 9. An explanation of plant north vs. true north should be provided.

CJ:1ms

PLOVER BOUGE

FRE



#### STATE OF ARKANSAS

## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

CSN: Supermit No. Media: Air, Water, Solid, Mazardous Sort: Permit Compliance, Legal, Misc.

November 23, 1987

Mr. Joe Porter CEDAR CHEMICAL CORP. P.O. Box 2648 West Helena, AR 72390

Dear Mr. Porter:

RE: Compliance Response to CEI, ARD990660649

I reviewed the information which you submitted on November 9, 1987. The review revealed that the violations noted during the inspection have been corrected.

If I may be of assistance in the future, please contact me Sincerely,

Sammy R. Bates

Hazardous Waste Inspector Hazardous Waste Division

- R. Rate

SRB: fw

Karen - Sanny

## CEDAR CHEMICAL CORPORATION

NOV 1 3 1987

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

CSN: Syco68
Permit No.
Media: Air, Water, Solid, Hazardous
Sort: Permit, Compliance, Legal, Misc.

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

November 9, 1987

Mr. Sammy R. Bates
Arkansas Department of Pollution Control & Ecology
8001 National Drive - P.O. Box 9583
Little Rock, AR 72209

Re: Compliance Evaluation Inspection Report of Oct. 9, 1987

Dear Sammy:

In reply to your inspection report, we are responding with the following information:

- and 2. Manifest corrections have been made. Communications were made in early August with Vicky Prevett. According to Vicky manifest information is currently correct.
- We are attaching copies of our accidents and repairs to the original inspection report in addition to our separate files.
- 4. and 5. As mentioned in our telephone conversation, we have filed for closure of our facility for storage in tanks and drums. Accordingly we have filed a new facility closure plan including cost estimate. For your convenience we are attaching a copy of the latest closure plan and its' cost estimate.

Please contact us if we can provide further information.

Sincerely,

Joe E. Porter

**Environmental Engineer** 

cc: J.H. Miles

G.L. Pratt

A.T. Malone

#### Overview

The following is a written closure plan for tank storage facilities and container storage facilities located at Cedar Chemical Corporation, West Helena, Arkansas. The closure plan follows the guidelines and requirements set forth in CFR 40, Part 265 and adopted by reference in the Arkansas Hazardous Waste Management Code. This closure plan is notification that Cedar Chemical Corporation is ceasing to conduct regulated activities of tank storage and container storage. The facility will retain its' status as a hazardous waste generator with EPA ID Number ARD 990 660 649.

The facility currently has one (1) storage tank and a container storage area classified as Hazardous Waste Management Units. Each unit is addressed separately in the following plan. When the plan for each unit is complete, it will constitute final closure. Post-closure care is not a requirement of the closure plan.

#### Tank Storage

Maximum inventory for tank T-B112 is assumed to be the capacity of the tank, 20,000 gallons. The tank served to manage a D002, corrosive, waste. The last shipment of this waste was made to Rollins Environmental Services, Baton Rouge, La., in March, 1987. A total of 43,000 gallons was removed from the tank in March 1987. Manifests and shipping records are available for documentation.

A cleaning plan has been developed which includes elementary neutralization of any remaining tank contents and a thorough washing with copious volumes of water. After the neutralization wash and each rinse, the tank contents will be examined analytically for the parameter of pH. Elementary neutralization may be required to bring the pH into an acceptable range. When within the range of non-hazardous waste criteria, the wash will be discharged from the tank to the on-site biological treatment system.

Associated Equipment. All piping and the pump connected to the tank will be treated in the same way. The pump and piping will be used to circulate the tank contents when washing. No brushes, shovels, or other tools will be used to clean the tank. The tank will not be dismantled, removed, or otherwise disposed of. Therefore no other equipment requires decontamination.

Containment Area. The containment area consists of a concrete floor and surrounding concrete walls. The internal dike area will be washed using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameter of pH. When within the range of non-hazardous waste criteria, the wash will be discharged from the diked area to the on-site biological treatment system.

Sampling Procedures. Washes and rinsates of the tank and its surrounding concrete dike will be sampled as grab samples in glass containers. Samples will be hand-carried to the plant laboratory and analyzed. Analysis will take place within one hour of sampling. Results will then be immediately available. Samples will be taken from the tank and/or the tank dike immediately prior to removal of any wash or rinsate. No removal will be made until results have demonstrated that the wash or rinsate is non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH. The pH value of all washes or rinsates must be in the range of pH 5 to pH 10 prior to removal and discharge to the biological treatment system.

Analytical Method. The parameter of pH will be determined in accordance with the analytical method outlined in "Test Methods for the evaluation of Solid Waste: Physical/Chemical Methods," SW-846., and "Standard Methods for the Examination of Water and Wastewater", 16th Edition.

Certification. The tank and its surrounding concrete dike will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer and a Professional Engineer. Upon satisfaction of these parties that the tank is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of this certification will be included with notice to the State of Arkansas that the tank closure is complete within 60 days of completion of closure.

Subsequent to final closure, this tank will be placed back into service as a wastewater holding tank. Manifests, shipping records, and plant operating records will demonstrate that the tank will not be used for hazardous waste storage longer than 89 days.

#### Container Storage

The container storage area for hazardous waste in drums consists of a concrete slab with center drain and a collection sump. The concrete area is surrounded by an asphalt work area and is sheltered by an aluminum roof structure.

Current (Oct 12, 1987) inventory consists of ignitable (D001) and F005 (Toluene greater than 10%) hazardous waste. These will be removed within 90 days of plan implementation. Disposal will be off-site to a commercial incinerator facility.

Once the current inventory of hazardous waste is removed, the area will be cleaned using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameters of pH and flash point. When within the range of non-hazardous waste criteria, the wash will be discharged from the sump to the on-site biological treatment system.

Containment Area and Equipment. The asphalt area surrounding the concrete slab and the concrete sump will be cleaned in the same manner as the concrete area. If any shovels or brushes are used to facilitate cleaning, they will be washed before they leave the area. All washes will be tested for the parameters of pH and flash point. Washes will then be discharged to the biological treatment system.

Sampling Procedures. Washes and rinsates from the drum storage area will be sampled as grab samples in glass containers.

Samples will be hand-carried to the plant laboratory for analysis. Analysis will be performed within one hour of sampling. Discharges from the area will not be made prior to receipt of analytical results, demonstrating that washes are non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH and flash point. The pH value of all washes must be in the range of pH 5 to pH 10. All flash point values must be greater than 140 degrees F. These values will be documented prior to removal and discharge of washes to the biological treatment system.

Analytical Methods. Parameters of pH and flash point will be determined in accordance with analytical methods outlined in "Test Methods for the Evaluation of Solid Waste: Physical/Chemical Methods", SW-846.

Certification. The drum storage area will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer, and a Professional Engineer. Upon satisfaction by those parties that the drum storage area is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of the certification will be included with notice to the State of Arkansas that the storage area closure is complete within 60 days of completion of closure.

After final closure of the drum storage area, the area will be used to manage containerized, hazardous waste with less than 90 days of storage. A containerized waste management program will document containers placed in the area. A monthly inventory will be conducted and manifests/shipping records will indicate movement and disposal.

## Closure Cost Estimate

| T-B112 Storage Tank                                     |     |
|---|-----|
| Tank Cleaning - 48 man hours @ \$15.00 \$ 720           | .00 |
| Tank Dike Cleaning - 32 man-hours @ 15.00 480           | .00 |
| Wash Neutralization and disposal (on-site) 1000         | .00 |
| Third party supervision 1200                            | .00 |
| Laboratory Analysis 1000                                | .00 |
|   |     |
| Container Storage Area                                  |     |
| Hazardous Waste Inventory disposal (off-site) 16000     | .00 |
| Concrete slab and pump cleaning - 72 hours @ 15.00 1080 | .00 |
| Third party supervision 900                             | .00 |
| Laboratory Analysis 1000                                | .00 |
|   |     |
| Certification   |     |
| Professional Engineering Services 2500                  | .00 |
| \$24980   | .00 |

## CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

November 23, 1987

Karen Deere Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Ar. 72209

Re: Consent Administrative Order - Paragraph 8

Dear Karen:

Concerning the sampling and analysis plan for the surface impoundments, the following items will be addressed in the final report:

1. Sampling:

Procedures
Containers
Preservatives
Field Sampling Logs
Chain of Custody Forms
QA-Q6 for Sampling

2. Analysis:

Analytical Methods Detection Limits QA-Q6 for analysis

We agree with your review of our plan and will address the above items. Should there be any questions concerning the samples or their analytical data, we will be prepared to resample.

We will also be prepared to expand our plan with further sampling and analysis should any samples be determined to meet hazardous waste criteria. Should this occur, we will endeavor to determine and define the extent of contamination and its originating source.

The Implementation Schedule for sampling is now revised to read that sampling will be performed within 45 days of the Plan's approval by the Department.

Sincerely

Joe E. Porter

Environmental Engineer

cc: J.H. Miles G.L. Pratt A. Malone

CSN: 540068 Permit No.\_ Media: Air, Water, Solid, Hazalyous Sort: Permit, Compliance, Legal, Misc.

## ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

### MEMORANDUM

Karen Deere, Manager, Enforcement Branch, HW Division TO:

Charles Johnson, Geologist II, Enforcement Branch Cf FROM:

November 23, 1987 DATE:

SUBJECT: Review of Hydrogeologic Assessment Plan submitted by Gedar Chemical

This submittal is unsatisfactory because it gives few details of any activities planned in the assessment. In fact, this submittal is only a proposal to Cedar Chemical from Geologic Associates (GA) when GA bid on the project. I saw a copy of this when I visited Cedar Chemical in August.

An acceptable plan must include, as a minimum, the following:

- Presentation of the regional geology and hydrogeology of the area. This
  information can be obtained from existing geologic and hydrologic information.
- 2. Presentation of site specific geology and hydrogeology. Included in this presentation should be:
  - (a) narrative description of geology;
  - (b) geologic cross sections;

(c) geologic maps;

(d) boring logs;

(e) raw data and interpretive analysis of material tests; (f) narrative description of groundwater with flow patterns;

(g) potentiometric maps with flow lines;

(h) raw data and interpretive analysis of slug tests and pump tests;

(i) well construction logs.

- 3. It should be understood that, depending on the results of the initial drilling, more borings and/or piezometers may be necessary. Although piezometric clusters are to be installed, and one piezometer in any perched zone is acceptable, piezometers at different depths within the uppermost aquifer are necessary. This is to check for any vertical groundwater gradient. Approximate depths should be provided for all screens.
- 4. One additional well cluster in the field south of Highway 242 is necessary.
- 5. Borings should be advanced to delineate a bottom confining layer.
- 6. At least one boring should be placed in an area of the yellow contamination.

Page Two Memorandum to Karen Deere November 23, 1987 Since the proposed wells are to be used solely as piezometers, PVC screen and casing is acceptable. Since organics would be a likely groundwater contaminant, PVC is not acceptable for monitoring well construction. 8. GA speaks of their "state-of-the-art soil sampling system". The details of this system should be provided. 9. An explanation of plant north vs. true north should be provided. CJ:1ms

Karın



#### STATE OF ARKANSAS

## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

Certified P-490 584 033

October 22, 1987

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation P.O. Box 2749 West Helena. AR 72390

RE: Consent Administrative Order

Dear Joe:

The Department has received and reviewed your submission of September 21, 1987 concerning amendments to the original inspection plan. The resubmission is hereby approved with the following condition:

The Reporting of Accidents, Repairs, and Remedial Action log should be attached to the inspection log originating the response.

Paragraph 4 of the Order has been conditionally satisfied.

The submission dated September 15, 1987 pursuant to paragraph 5 of the Order has also been reviewed.

The sampling and analysis plan contains many references to the use of appropriate containers, preservatives, etc. The plan should detail the step-by-step sampling and analysis procedures, including but not limited to preservatives, chain of custody sheets, field sampling logs, containers used, analytical methods, detection limits, QA-QC for both sampling and analysis. In lieu of revising the plan, all the necessary information may be submitted in the resulting report. However, if the report includes or fails to include actions taken which place the validity of the samples or analytical data in question, resampling may be required. Please let me know what your preference is in this matter.

Also, the plan does not include further testing if any of the samples are determined to meet hazardous waste criteria. The extent of contamination would have to be defined.

The closure plan submitted on September 14, 1985 and the justification for removal of two tanks from the Part A are currently under review.

Therefore, please respond to the deficiencies in the sampling and analysis plan for the surface impoundments within thirty (30) days of the date of receipt of this letter.

If you have any questions, please feel free to call.

Sincerely,

Karen Deere, Manager, Enforcement Branch Hazardous Waste Division

KD: fw

cc: Sammy Bates, Inspector, Haz. Waste Div.

Legal file

Karen

SEP 2 3 1987 #7

## CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

| 73/5 |                 |                       | REPLY 70.P. O. BOX 2749<br>WEST HELENA, AR | 72390 |
|------|-----------------|-----------------------|--|-------|
|      | CS'!:           | Permit No.            | (501) 572-3701                             |       |
|      | Profite No We   | tel. Selld, Hezardous | September 21,                              | 1987  |
|      | Cart: Permit, I | Compliance, Light, Mi | NC.  |       |

Karen Deere Arkansas Department of Pollution Control and Ecology P.O. Box 9583 - 8001 National Drive Little Rock, Ar. 72209

Subject: Consent Administrative Order, LIS 86-027

#### Dear Karen:

As noted in your letter of August 20, 1987, we have made amendments to our inspection plan which I believe you will find acceptable. Some of this was not included due to our interpretation of the Consent Order. We apologize for this oversight and anticipate that we have now answered your questions.

As of this date, in October we will be filing a closure plan for our storage facilities. This is a very important decision for Cedar Chemical Corporation and we request your assistance to make this a smooth transition.

Sincerely

loe E. Porter

**Environmental Engineer** 

cc: J.H. Miles C.L. Pratt
A. Malone

#### STATE OF ARKANSAS



### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

CERTIFIED MAIL #P 291 319 027 RETURN RECEIPT REQUESTED

PHONE: (501) 562-7444

August 20, 1987 Redd Aug 21, 87

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation Post Office Box 2749 West Helena, Arkansas 72390

Dear Joe:

RE: Consent Administrative Order

The Department has received and reviewed your correspondence dated August 11, 1987 submitted pursuant to paragraph 4 of the Order.

The inspection plan and log sheets are generally very well developed and easy to interpret. However, the following items as required by 40 CFR 265.15 were omitted:

- 1. The inspection plan fails to address the safety and emergency equipment (such as fire extinguishers, eye wash, etc.).
- The inspection log fails to include space for documentation of the date and nature of repairs or remedial action.

The above deficiencies must be corrected to fulfill the requirements of paragraph 4 of the Order. Therefore, please resubmit, within thirty (30) days of the date of receipt of this notice of deficiency, an amended plan which corrects these omissions.

If you have any questions, please feel free to call.

Sincerely.

Karen Deere

Manager, Enforcement Branch Hazardous Waste Division

KD:1ms

cc: Phil Deisch, Chief Counsel, Legal Branch John Miles, Plant Manager, Cedar Chemical Corp. Sammy Bates, Hazardous Waste Inspector, HW Division

## CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

8/11/87

Karen Deere, Enforcement Coordinator Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Arkansas 72209

Subject: Consent Administrative Order, LIS 86-027

#### Dear Karen:

Attached are documents which include a written inspection plan and schedule for the container storage area to assure compliance with 40 CFR Part 265.15 (b). Other documents include our plan for the management of containers from the point of generation to disposition. These procedures are currently in operation at our facility and specifically identify hazardous versus non-hazardous waste.

We are currently constructing a shelter over the container storage area. This will aid us in handling rainwater which is currently collected, analyzed, and either containerized or disposed of on-site.

We welcome suggestions and additions to our written schedules. Please call us if you have any questions.

Sincerely

Joe E. Porter

**Environmental Engineer** 

cc: J.H. Miles - with attachments
G.L. Pratt - without attachments

Cedar Chemical Corporation Utility Operator - Plant Inspections Scope The Utility Operator performs a variety of inspections on and around the plant site for purposes of security and integrity of plant operations. The inspections can be broken down into four basic areas: (1) production; (2) bulk storage which include storage tanks, dikes, and railcar and truck loading/unloading; (3) warehouses and drum storage and; (4) the stormwater handling and wastewater treatment. An inspection log sheet is provided and inspections are made a minimum of one time per day. Certain areas dealing with security are inspected more frequently. Inspections (1) Production Areas Production areas are inspected primarily for those operations which affect the biological treatment system. This includes each production unit and its wastewater handling system. A visual inspection of each unit sump area and its pump is performed. Any items found to be out of order are reported to the Shift Supervisor. (2) Bulk Storage Areas Railcars and bulk storage tanks are inspected for leaks and/or spills. Tank dikes are inspected for leaks, spills and rainwater content. All chemical leaks/spills noted are reported to the Shift Supervisor. Notes are made to include rainwater accumulation and integrity of tank dikes, tanks, and associated piping on the inspection log sheet. (3) Warehouses are used to store plant supplies, raw materials. and finished goods. Notes are made of any leaks/spills of any materials and promptly reported to the Shift Supervisor. drum storage area also includes raw materials, supplies, and finished goods. Leaks/spills are noted here also. Hazardous wastes are stored in drums on a slab dedicated for that purpose. In addition to leaks/spills, this area has a sump to catch leaks/spills. The Shift Supervisor is notified if there is leaked or spilled material in this sump. (4) The stormwater handling system consists primarily of a series of ditches flowing to a stormwater sump in the southern corner of the plant site. Normal boiler blowdown, cooling tower blowdown, and light rainfall are pumped to the wastewater treatment system. Excessive rainfall is released through a parshall flume to the road ditch. This outfall is a permitted discharge point under the NPDES permitting system (Outfall 001). Any discharge through this point is logged on the inspection

sheet and sampled per laboratory instructions. Also notations are made concerning water levels in the ditches, status of the stormwater sump pump, and any evidence of leaks/spills in the stormwater ditches. Under normal conditions the valve to the road ditch is closed at all times except for stormwater release.

The wastewater treatment system consists of an API separator, equalization pond, a pump house, an aeration basin, 2 chain and flight clarifiers, a final polish pond, and a pumping station to the Mississippi River. Log sheet inspection items include flowmeter readings, pond levels, aerator operation, and pump operation. Equipment out of order is reported to the Shift Supervisor. Sampling for NPDES and internal requirements is coordinated through the laboratory Environmental Analyst and the Environmental Engineer.

#### CEDAR CHEMICAL CORPORATION

Revised Jan 19, 1987

Hazardous Waste Drum Storage Area General Operating Conditions

The drum storage area is designed to meet RCRA requirements for the storage of a maximum of about 80 drums of hazardous waste. All drums are stored on pallets. They may be stacked 2 high as long as sufficient room is allowed to visually inspect all drums. The concrete slab contains a grated, center trench which drains to a sump on the plant-north end. The concrete slab is sloped toward this center drain. As asphalt apron surrounding the concrete slab allows a work area. The asphalt area is not to be used for drum storage of hazardous waste.

All drum stored in this area will be properly labeled and identified as to their contents and hazardous criteria. Proper labels for hazardous communication are also required. Drums containing non-hardous materials, raw materials, intermediate, or finished goods should not be stored in this area. A separate storage area is provided for non-hazardous materials. All drums, regardless of their contents will have identifying markings as to their contents. Any drums not properly identified are to be dated, numbered and sampled. The laboratory will complete a Hazards Assessment Report for all drummed materials.

#### Inspections

The drum storage area is inspected a minimum of once per day, with normal inspections to take place three times per day. These inspections are made visually by the Utility Operator. this inspection includes an examination of all hazardous waste drums and the storage area including the sump area. The drums are inspected for leaking chemicals. The storage and sump area is inspected for evidence of leaks or spilled material. The sump area is inspected for material which may have drained into it and for liquid level. If the sump contains spilled or leaked material it is to be logged on the inspection report and sampled for analysis of hazardous materials and/or hazardous characteristics. The identification of any leaking or spilled material will also be logged on the inspection report as to the identifying marks on the leaking or spilled drum.

In addition to leaked or spilled material in the sump, rainwater may also be present. On the basis that there are no leaking drums or evidence of spills on the drum storage area, the sump contents will be inspected visually for chemical contamination and analytically for pH. Chemical contamination requires the chemical in the sump to be placed in appropriately labeled drums and placed on the slab. Adjustments of pH with the range of pH 5 to pH 9 renders this parameter acceptable to the biological

treatment system (in the absence of hazardous chemical contamination).

4, 14

#### Reports

Inspection reports are reported to the laboratory Environmental Analyst. All leaks and/or spills will be immediately reported to the Shift Supervisor, the Environmental Engineer, and the Plant Manager.

### Inspection Items to Look For

|                         | 20 p 00 0 2 0 1. | Troms to Book I                  |  |
|-------------------------|------------------|----------------------------------|--|
| Operating and equipment | Structural       | Sump pumps                       | Power, clogging,<br>bearings, seals                                    |
|                         |                  | Dikes                            | Cracks, deteriora-<br>tion, rainwater<br>levels leaks or<br>spills     |
|                         |                  | Sump areas                       | Erosion, uneven<br>settlement, cracks<br>in concrete, liquid<br>levels |
|                         |                  | Tank structura                   | l Concrete deterior-   |
|                         |                  | supports                         | ation and cracking,<br>corrosion of pipe<br>supports                   |
|                         |                  | Piping to tank                   | s Leaks, corrosion   |
|                         |                  | Tanks                            | Corrosion, discoloration, cracks,                                      |
|                         |                  |                                  | bulges   |
|                         |                  | Storage areas                    | Leaks, spills, corrosion   |
| Container sto           | rage area        | Container placement and stacking | Aisle space, height of stacks  |
|                         |                  | Sealing of containers            | Open lids  |
|                         |                  | Labeling of                      | Improper or no   |
|                         |                  | containers                       | identification, missing dates  |
|                         |                  | Containers                       | Corrosion, leakage, spills   |

| DATE     |  |
|----------|--|
| TIME     |  |
| OPERATOR |  |

| LOCATION                     | CHECKPOINT  | REMARKS                                  | TIME   |
|------------------------------|---|--|--|
| Lab Sump                     | % full<br>Pump OK?  |  |  |
| Permethrin/<br>Propanil Sump | % full<br>Pump OK?  |  |  |
| BSC SUMP                     | % full<br>Pump OK?  |  |  |
| Nitration Unit Sump          | % full<br>Pump OK?  |  |  |
| DRA Sump                     | % full  |  |  |
| Scale Sump                   | If Water Present  | Contact Robert Ray                       |  |
| Tank Dikes                   | Cells full?<br>Leaks/spills?  |  |  |
| Railcars                     | Leaks/spills?   |  |  |
| Process Areas                | Leaks?  |  | The state of the s |
| Warehouses                   | Spills?   |  |  |
| Drum Storage<br>Sump Level   | If Leaks/Spills<br>If Water Present   | Contact Supervisor<br>Contact Supervisor |  |
| Stormwater ditches           | % full  |  |  |
| Stormwater Outfall           | discharge valve open? Time opened meter reading Time closed meter reading                       |  |  |
| Treatment Ponds              | Equalization pond level<br>Bio pond level<br>Polish pond level<br>Aerators on and OK?<br>Odors? |  |  |
| API Separator                | Leaks?<br>Meter reading<br>pH   |  |  |
| Pump House                   | Leaks/spills? PE-106 - % flow PE-107 - % flow PE-108 - % flow Blower oil level                  |  |  |
| North clarifier              | On and OK?  |  |  |
| South clarifier              | On and OK?  | ANT ENGLISHED                            | 4 4 35 4   |
| River Pumps                  | On and OK?<br>% flow<br>Meter reading   |  |  |
| Pipelines                    | Leaks?  |  |  |
| T-008                        | level - gallons   |  |  |

NOTES:

#### Operating Procedures for Utility Operator Inspection Logsheet

Lab Sump - This sump is located on the west side of the shower room/laboratory and receives effluent from the front offices, shower room, and laboratory. Check this collection point for level and that the pump is operating properly. The pump is equipped for automatic level control. All effluent is pumped to the biological treatment system.

Permethrin/Propanil Sump - This area collects all surface drainage from the Permethrin and Propanil process area and includes steam condensate, some rain water, and water used to clean the process areas. With some extreme exceptions, all effluent from this area goes to T-PE209 and then to off-site disposal. Report the sump level and that the pump is operating properly. No automatic level controls are present. Contact the unit operators or the Shift Supervisor if the sump is full.

BSC Sump - This area collects steam condensate and water used to clean the BSC process area. In addition, it may serve as a collection point for rain water from tank dikes. All pump controls are manually operated. Report the sump level and pump operation. Contact the unit operators or the Shift Supervisor if the sump is full. Effluent goes to the biological treatment system. If a spills occurs, contact supervision for operation of the pump.

Nitration Unit 4 Sump - This area collects steam condensate and water used to clean the process area. In addition, it serves as a collection area for rainwater from tank dikes. Pump operation is manual. The area is also equipped with a phase separation tank for spill control. Report the level and that the pump operates properly. Contact the unit operators or the Shift Supervisor if the sump is full. All effluent goes to the biological treatment system execept in the case of a spill. For this, contact the Shift Supervisor immediately.

<u>Unit 5 Sump</u> - This area serves as a collection point for steam condensate and water used to clean the process area. Pump operation is manual. All effluent goes to the biological treatment system. Report the sump level and that the pump operartes properly.

Scale Sump - This area is located at the truck scale platform and may contain rainwater. Check for rainwater and, if present, contact the Shift Supervisor and/or the Maintenance Supervisor.

Stormwater Outfall - A valve opening to the industrial park road is for the purpose of releasing excessive stormwater. The valve is normally closed to maintain integrity of the spill control plan. The collection area is designed to retain to first 100,000 gallons of rainfall. If rainfall exceeds this amount, the valve may be opened with the permission of the shift supervisor and laboratory. Report the times at which the discharge valve is opened and closed. Also report the meter reading on the discharge meter.

Treatment Ponds - The biological treatment consists of three ponds: the large equalization basin, a smaller aeration pond, and a final polish pond. Each of these ponds contains floating aerators. In addition the equalization pond is also aerated by a blower. Report the level of these ponds and that all aerators are working. Report any floating matter, odors, or other unusual occurences.

API Separator - Located on the southeast corner of the equalization pond, the API Separator serves as the influent point. Report any leaks, the influent meter reading, and sample the influent for pH. Report immediately to the shift supervisor if the pH is below 2.5 or above 12. Note to shift supervisors: If pH is less than 2.5 or greater than 12, stop all influents to treatment system. Determine cause and source of pH, and file incident report giving all details. Report immediately to Plant Manager and Environmental Engineer.

Pump House - All movement of water in the treatment system is done by pumps. PE-106 transfers from the equalization basin to the aeration pond. PE-107 A and B pump from the aeration pond to the clarifiers. PE-108 A and B return sludge from the clarifiers. Report any leaking pump seals and the flow-meter readings. Check the blower for operation and oil level.

North Clarifier/South Clarifier - The clarifiers are essential parts of the treatment which serve to return sludge to the aeration basin. Report that the clarifier chain drives are operating.

River Pumps - Two pumps manifolded together serve to pump final effluent through a 4.5 mile pipeline to the Mississippi River. A circulation loop returns excess flow to the polish pond. At least one pump will be operating at all times. A meter inside the pump house records flow to the effluent pipeline. An automatic sampler is provided for once-per-week sample collection. Other samples for pH are taken manually at least once per day. Report pump operation and meter operation. Report percent flow and the effluent meter reading.

Tank Dikes - Tank dikes are a part of the plant's spill control plan. However, they also collect rainwater and condensate. Inspect each and every dike for leaks, spills, and rainwater. If no leaks or spills are present, rainwater may be pumped to the treatment after the laboratory has checked pH and flash point. Report all leaks or spills to the unit operator and shift supervisor immediately. Write the tank number of an area needing emptying in the "notes section of the logsheet and notify the Shift Supervisor of high level conditions.

Railcars - The rail spur is a potential source of leaks and/or spills. Inspect this area thoroughly, especially around hose/pipe connections and pumps. Report all leaks immediately to the unit operator and the shift supervisor.

<u>Warehouses</u> - Raw materials and final products in drums are stored in the warehouses and on the loading area. Inspect this area for leaking drums and/or spills. Make notes on the logsheet and immediately report any leak or spill to the shift supervisor.

Drum Storage - There are two drum storage areas for waste or recyclable materials. (1) An area north of the nitrogen tank for non-hazardous wastes and/or materials to be recycled into production. Report all leaks and/or spills in this area to the Shift Supervisor immediately. (2) A dedicated drum storage slab to the east of the nitrogen is for storage of hazardous waste drums only. Report immediately to the Shift Supervisor if there are any leaks and/or spills in this area. A sump located on the north end of this storage area will retain leaks and rainwater. Report rainwater level in this sump. The Shift Supervisor will remove collected rainwater as soon as is practical after the laboratory has analyzed the sump contents for contamination with hazardous wastes. Non-hazardous rainwater may be transferred to the treatment system. Hazardous materials will be containerized for further disposition. Re-drum any leaking containers.

Stormwater Ditches - The plant site has a network of ditches which drain rainwater, boiler blowdown, cooling tower blowdown, and water from washing non-process areas to a collection point in the southeast corner of the plant site. This ditch network is also part of an overall plan for spill control. The collection area and ditches should remain at a minimum level at all times by pumping collection area contents to the treatment system. Report the collection area and ditch levels and make note of the stormwater pump operation.

Pipelines - Underground lines carry stormwater and process water influent to the treatment system, between ponds and the clarifiers, and final effluent to the river. Report immediately any pipeline leaks to the Shift Supervisor. Note to Shift Supervisors: If a pipeline is leaking, shut off all sources of flow connected with that pipeline and implement spill control and clean-up procedures immediately. Sample any leaked material and complete an incident report with as many details as possible. Report incident as soon as possible to the Plant Manager and Environmental Engineer, especially if any material is leaked off the plant's property.

Cedar Chemical Corporation

#### MANAGEMENT OF CONTAINERIZED WASTE

June 1987 R.Fairchild

This program is intended to provide all personnel with the information needed to insure the proper management of all contained waste at this facility.

- Section I. MINIMIZATION PROGRAM TO PREVENT THE GENERATION OF WASTE:
- 1.0 Waste that is generated and is contained in drums is very costly both in the manhours to manage it and in the disposal of it. This expense cuts into the profit of any operating unit. Contained waste also provides a source of environmental and safety hazards.
- 2.0 Before any waste is collected and contained in a drum or other container, the operator will consult supervision.
- 3.0 Supervision will be vigilant in providing preventive measures to avoid the collection of waste in all processes by working with the technical staff and operators.
- 4.0 Supervision will be responsible for consulting with the technical staff in an effort to minimize waste generated in any clean up operation involving vessels, tank dikes, sumps and storage areas. (Section IV 1.0)
- 5.0 Supervision will continually survey for potential trouble spots that may cause the collection of waste and will provide the procedure to prevent it.
- 6.0 All personnel are required to consult supervision when a collection of waste becomes necessary and/or have suggestions that may prevent the collection of waste.

Section II. MANAGEMENT OF WASTE PROGRAM;

WHEN IT IS NOT PRACTICAL TO AVOID THE COLLECTION OF WASTE MATERIAL AND SUPERVISION AND THE TECHNICAL STAFF HAVE BEEN CONSULTED, THE FOLLOWING POLICY WILL BE ADHERED TO BY ALL PERSONNEL. SUPERVISION WILL BE RESPONSIBLE IN ENFORCING THE FOLLOWING POLICY:

- 1.0 All waste that cannot be recycled, recovered or transferred to the ponds will be contained in appropriate, approved containers.
- 2.0 The Unit Supervisor will insure that the minimization program has been carried out in full. (Section I, 1.0) He will then initiate the ASSESSMENT RECORD FOR WASTE MATERIALS document (Exhibit A) and will insure that the Management of Waste Program is carried out in full. (Exhibit B)
- 3.0 The operator will stencil the drum(s) as to its contents, stencil his initials on the drum(s), insure that the approved drum is not leaking and that the exterior is clean.
- 4.0 The Unit Supervisor will inspect the contained waste, submit the ASSESSMENT RECORD FOR WASTE MATERIALS document and a properly labeled sample of the material to the laboratory.
- 5.0 The contained waste will remain in the unit until final disposition and the characterization has been made by the technical staff.
- 5.1 The laboratory will characterize the material and submit to technical staff for coordinated disposition.
- 6.0 The laboratory will submit a copy of the ASSESSMENT RECORD FOR WASTE MATERIALS to the Environmental Engineer who will determine container disposition (e.g. hazardous waste drum storage) and so note on the assessment record. A copy of the completed assessment record will be given to the Unit Supervisor, the laboratory, and the plant manager. The environmental engineer will maintain a file of the original assessment forms.
- 7.0 The Unit Supervisor will file his copy of the assessment record. The assessment record will inform him of what kind of waste is in the drum(s) and will have the lot number that is to be assigned and stenciled on the drum(s). (Exhibit C)

- 8.0 The Unit Supervisor will have the lot number stenciled on the drum, top & 4 places around side, insure that the material is inventoried and recorded in the proper log book (Section III, 2.0-3.0) and will instruct the operator to locate the material in the designated area. (Section III)
- 9.0 The Environmental Engineer will follow up with a survey to confirm that this material has been properly located and conforms to this policy.
- 10.0 The Environmental Engineer will make provisions for the disposal or recycle of the material.
- 11.0 The Environmental Engineer will continue to inform supervision of any changes in the requirements of containerized waste as soon as possible.

Section III. DESIGNATED WASTE STORAGE AREAS;

NOTE; ONLY THE UNIT SUPERVISOR HAS THE AUTHORITY TO INSTRUCT OPERATIONS TO REMOVE CONTAINED WASTE FROM THE UNIT OR AREA OF GENERATION. THIS IS ONLY AFTER CONSULTING WITH THE TECHNICAL STAFF FOR POSSIBLE RECYCLE MEASURES AND AFTER FULL CHARACTERIZATION AND CLASSIFICATION OF THE MATERIAL HAS BEEN MADE PER Section II.

- 1.0 The HAZARDOUS WASTE STORAGE AREA is located on the south end of the plant. It is a concrete slab with a sump for drainage. Only hazardous waste which has been properly identified, classified, stenciled, placed in the proper DOT approved drums, and has been recorded and accounted for in the HAZARDOUS CONTAINED WASTE LOG BOOK and the ASSESSMENT RECORD FOR WASTE MATERIAL document will be placed in this area.
- 1.1 A hazardous waste label will be properly filled out and placed on each drum.
- 1.2 A hazardous waste lot number and the major component or description of the contents will be stenciled on the drum(s).
- 2.0 The NON-HAZARDOUS WASTE STORAGE AREA is located on the north side of the nitrogen storage tank. Only non-hazardous waste and recycle material which has been properly identified, classified, stenciled, placed in the DOT approved drum, and has been recorded and accounted for in the NON-HAZARDOUS CONTAINED WASTE LOG BOOK and the ASSESSMENT RECORD FOR WASTE MATERIAL will be placed in this area.
- 2.1 A non-hazardous waste lot number and the major component or description of the contents will be stenciled on the drum(s).

Section IV. GROSS PRODUCTION OF WASTE MATERIAL TO BE CONTAINED:

THIS IS AN EFFORT TO PLAN AHEAD FOR LARGE AMOUNTS OF CONTAINED WASTE THAT MAY BE PRODUCED IN CLEAN UP OPERATIONS OF SUMPS, TANK DIKES, VESSELS AND STORAGE AREAS.

- 1.0 When it becomes necessary to clean out sumps, railcars, tank dikes, vessels, etc. supervision will consult with the technical staff for planning and evaluation of the operation.
- 1.1 When appropriate, a sample of the material will be provided.
- 1.2 All efforts will be made to recycle, recover or make acceptable to the plant treatment system (ponds), any washes.
- 1.3 The technical staff will be consulted in selecting a suitable solvent or wash.
- 2.0 When cleaning out storage areas, all material that is contained that is not identified, or is waste, will not be removed from the area and will be treated like any other waste set forth by this program.

ALL DEPARTMENTS ARE INCLUDED IN THIS PROGRAM. ANY DEPARTMENT THAT FINDS UNIDENTIFIED DRUMS OR WASTE WILL FOLLOW THIS POLICY.

# CEDAR CHEMICAL CORPORATION WEST HELENA PLANT ASSESSMENT RECORD FOR WASTE MATERIAL

## EXHIBIT A

| ASSESSMENT R                          | ECORD FOR WASTE MA                                       | TERIALS  |                              |
|---------------------------------------|--|--|------------------------------|
| of generatio                          | n)   |  | _ORIGIN; (unit or area       |
| DRUM ID; (                            | description of con                                       | tentsNU  | MBER OF DRUMS;               |
|                                       | PHYSICAL C   | HARACTERISTI                                   | <u>cs</u>                    |
| SEMI-SOLID; _<br>LAYERS;              | PHYSICAL STATE @<br>LIQUID;<br>_FREE LIQUIDS:<br>E;ORGAN | % SO   | LIDS;                        |
|                                       | HAZARDOU   | S ASSESSMENT                                   |                              |
| pH<br>CORROSIVE;                      | Sp.GRPOISON;   | FLASH POINT                                    | ;<br>MMABLE;                 |
| ORGANIC CHAR<br>COMPOUND              | ACTERISTICS:<br>PERCENT                                  | COMPOUND                                       | PERCENT                      |
| 1.                                    |  |  |                              |
| 2.                                    |  | 3.   |                              |
| 3.                                    |  | ).   |                              |
| 4.                                    |  | 10.  |                              |
| 5.                                    |  | 1.   |                              |
| 6.                                    |  | 12.  |                              |
| IF THE FLASH                          | S A PH OUTSIDE OF  | 40 DEGREES F                                   | AND/OR IS A CORROSIVE,       |
| DRUM LOT NUM                          | BER; (see exhil  | oit C)   |                              |
| DRUM DISPOSI<br>(By Environm<br>DATE; | TION; 1<br>nental Engr.)2<br>3                           | Hazardous<br>Non-Hazard<br>Recycle To<br>Other | ous Waste Storage<br>Process |
| SHIP DATE;                            |  | ouner  |                              |

#### EXHIBIT B

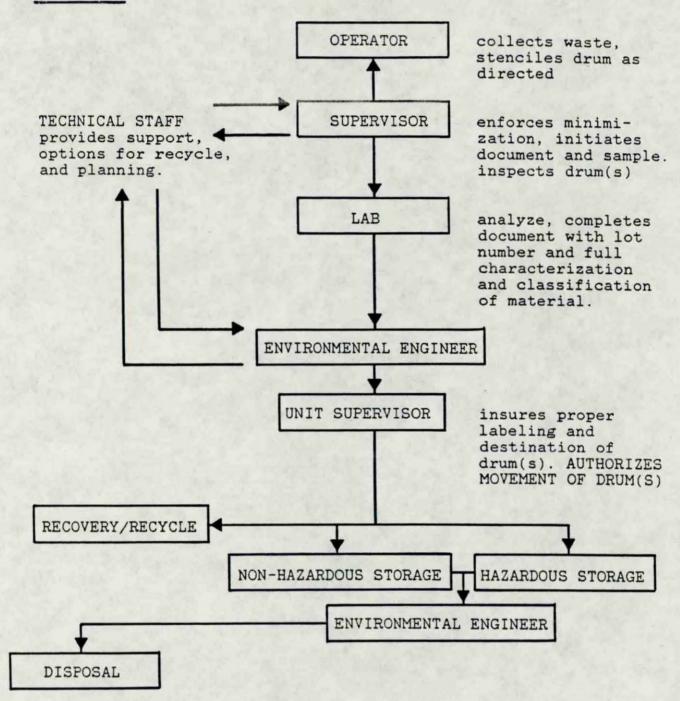


EXHIBIT C ASSIGNMENT OF LOT NUMBERS

HAZARDOUS; HW XX X XX - XX

Prefix Month Year Day Sequence

EXAMPLE; H04714-01

H04714-01

H04714-01 Three drums of same material,

same day

H04714-02

H04714-03 Different material, same day

H04715-01 Different material or next day

NON-HAZARDOUS; NH XX X XX - XX

Prefix Month Year Day Sequence

EXAMPLE; NHO4714-01

NH04714-01

NHO4714-01 Three drums of same material,

same day

NHO4714-02 Different material, same day

NHO4715-01 Different material or next day

Plant Safety Equipment Inspection

The following plant personnel are involved in plant safety equipment inspections:

Safety Supervisor Utility Operator Day Operations Supervisor Shift Supervisor.

The following is a description of categorized safety equipment, who makes the inspection and what is checked during the inspection, attached to this report are copies of the different types of inspection sheets.

#### Respiratory Equipment

Self contained breathing apparatus (SCBA).

Inspection is made by the utility operator monthly.

Items checked: clips (15) - Hose - Straps - Exhalation Valve-Face Seal - "O" Ring - Harness Straps - Alarm - Regulator-Overall Condition - Diaphram.

Defective SCBA inits are returned to the manufacturer for repairs and at least every five years for reconditioning.

#### Gas Mask

A gas mask is cleaned each time it is worn. A gas mask is issued out and cleaned by the utility operator. In order to clean a gas mask it has to be taken apart then put back together.

#### Air Line Respirators

After each use by operations personnel air line respirators are cleaned by the utility operator and inspected by the shift supervisor and lead operator.

Items checked are: Shoulder Strap - Screws on Mask - Overall Condition - Air in Emergency Bottle.

#### Mechanical Resuscitator

Mechanical resuscitator is checked by the utility operator. Item checked is the amount of air in bottle. This is a weekly check.

#### Stretcher

Stretchers are checked by the utility operator weekly.

#### Emergency Lights

Emergency lights are checked by the utility operator weekly.

#### Emergency Rain Suits and Rubber Gloves

These items are kept in various locations in the plant, and are checked by the utility operator on a weekly basis.

Fire Fighting Equipment

Fire extinguishers are checked by the utility operator. Extinguishers are checked for guage pressure once a month. Fire hoses are checked by the utility operator once a month. Fire hydrants and monitors are checked by the utility operator once a month by turning them on. Tank farm sprinklers are checked by the utility operator by turning them on once a month. Wheeled fire extinguishers (350 lb) are checked by the utility operator by checking the pressure guage once a month. Foam cart is checked by the utility operator once a month.

Showers and eyewashes

Emergency showers and eye washes are checked by the utility operator by turning them on once a month.

Cyanide Antidote Kit

Seals are checked weekly by the utility operator.

Hydrogen Cyanide Monitors

Monitors are checked by a test gas from a generator when they are issued out.

Miscellaneous

Explosion meters and oxygen meters are checked monthly by the safety supervisor using a test gas.
Railroad sign for connected cars is checked by the Utility Opeator once per month.

When checking safety equipment if problems or defects are found a work order is written on items that can be repaired by plant maintenance, however do to the nature of the equipment some repairs have to be made by the manufacturer. This repair would therefore require a purchase order and a material release sheet. A copy of the completed work order will be attached to the appropriate check sheet.

## SCBA CHECK LIST

| DATE      | SHIFT              |  |
|-----------|--------------------|--|
|           |                    |  |
| 1.        | Clips (15)         |  |
| 2.        | Hose               |  |
| 3.        | Straps             |  |
| 4.        | Exhalation Valve   |  |
| 5         | Face Seal          |  |
| 6.        | "0" Ring           |  |
| 7.        | Harness Straps     |  |
| 8.        | Alarm              |  |
| 9.        | Regulator          |  |
| 10.       | Over-All Condition |  |
| 11        | DIAPHRAGM          |  |
| INSPECTOR |                    |  |

| DATE |  | IN          | SPECTOR  |                     |
|------|--|-------------|--|---------------------|
| ı.   | WALKING - WORKING SURFACES   | <u>G00D</u> | BAD  | LOCATION OR PROBLEM |
|      | A. WALKWAYS & WORK AREAS<br>FREE OF GREASE, DIL, WATER<br>SHAVINGS OR PAPERS |             |  |                     |
|      | B. HAND RAILS & STAIRS IN GOOD CONDITION                                     |             |  |                     |
|      | C. PORTABLE LADDERS MEET<br>STANDARDS  |             |  |                     |
| II.  | HEALTH & ENVIRONMENTAL CONTROL   |             |  |                     |
|      | A. ADEQUATE RESPIRATORY PROTECTION FOR EACH UNIT                             |             |  |                     |
|      | B. RESTROOM & BREAKROOM  | <u></u>     |  |                     |
|      | C. SHOWERROOM .  |             | -  |                     |
|      | D. ADEQUATE VENTILATION FOR PKG.   |             |  |                     |
| III. | HAZARDOUS MATERIALS  |             |  |                     |
|      | A. COMPRESSED GASES BEING<br>HANDLED PROPERLY                                |             |  |                     |
|      | В.   |             |  |                     |
| IV.  | PERSONAL PROTECTIVE EQUIPMENT  |             |  |                     |
|      | A. AIR LINE RESPIRATORS &  |             |  |                     |
|      | B. EMERGENCY EQUIPMENT & RECORD KEEPING (FIRE EXT.) SHOWERS AND EYE WASH     |             |  |                     |
|      | c.   |             | -  |                     |
| ٧    | . MACHINE  |             |  |                     |
|      | A. GUARDS AND ELEVATOR CABLES  | -           | -  |                     |
| VI   | . ELECTRICAL   |             |  |                     |
|      | Α.   | •           |  |                     |
|      | B. ADEQUATE LIGHTING   | -           | The state of the s |                     |
|      | C. DXYGEN METER EXP  | LOSION ME   | ETER   | TATES HE STORY AND  |

| THE PERSON   |                 |             |                 |
|--|-----------------|-------------|-----------------|
| GAS MASK<br># AND SIZE   | SHIFT<br>& DATE | INSPETOR    | PROBLEMS IF ANY |
|  |                 |             |                 |
|  |                 |             |                 |
|  |                 |             |                 |
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|  |                 |             |                 |
| Charles of   |                 |             |                 |

## MONITOX UNIT CHECK LIST

| OPERATOR NAME | TINU. | DATE  | TIME | TIME            | UNIT'S<br>CONDITION | COMMENTS             | SUPER<br>IN. |
|---------------|-------|-------|------|-----------------|---------------------|----------------------|--------------|
|               |       | •     |      |                 |                     |                      |              |
|               |       |       |      | 2=93            |                     |                      |              |
|               |       |       |      |                 |                     | HEYERLUR SER         |              |
|               |       |       |      |                 |                     |                      |              |
|               |       |       |      | -               |                     |                      |              |
|               |       |       |      |                 |                     |                      |              |
| BAR HELL      |       |       |      |                 |                     |                      |              |
|               |       | Tree. | 2.77 |                 | 1 4 1 1 3 b         |                      | fill ba      |
|               |       |       |      |                 |                     |                      | j            |
|               |       |       |      | The Proceedings |                     | promise a resolución |              |
|               |       |       |      |                 |                     |                      |              |
|               |       |       |      |                 |                     |                      |              |
|               |       |       |      |                 |                     |                      |              |
|               | -     |       |      |                 |                     |                      |              |
|               |       |       |      |                 |                     |                      |              |

## AIR\_LINE\_RESPIRATOR\_CHECK\_SHEET

|        | TY BEFORE ANYONE WEARS TH                          | E RESPIRATOR.                |   |
|--------|--|------------------------------|---|
| DATE:  |  | SHIFT:                       |   |
| LEAD ( | OPERATOR:  |                              |   |
| SHIFT  | SUPERVISOR:  |                              |   |
| _      | SHOULDER STRAP WITH UNIT                           |                              |   |
|        | NEGATIVE PRESSURE CHECK<br>DISCONNECTED FROM PLANT | LEAVE AIR LINE RESPIRATOR    |   |
|        | PUT MASK ON AND TIGHTEN AIR SHOULD COME THROUGH.   | STRAPS INHALE (BREATHE IN) N | 0 |
|        | OVER ALL CONDITION OF RE                           | SPIRATOR:                    |   |
|        | CI.EAN<br>DIRTY                                    |                              |   |
| COMME  | NIS:   |                              | _ |
|        |  |                              |   |
|        |  |                              |   |
|        |  |                              | _ |
|        |  |                              | _ |

IF ANY ACCIDENTS OCCUR WITH THE AIR LINE RESPIRATORS ON THE SHIFT FOR WHICH THE CHECK LIST WAS FILLED DUT, ATTACH A COPY OF THE CHECK LIST TO THE ACCIDENT REPORT.

MOTE: THE SHOULDER STRAP MUST BE WORN WITH UNIT. WHEN PROPERLY ADJUSTED THE UNIT IS MORE COMFORTABLE TO WEAR. THE STRAP PREVENTS THE AIR BOTTLE FROM MOVING BACK AND FORTH, WHICH WOULD BREAK THE BUTTLE BRACKET.

| 9. | Monitor - South east corner of DRA unit.              |
|----|---|
| 0. | Monitor - East end of DRA tank farm                   |
| 1. | Hydrant - West end of DRA tank farm next to railroad. |
| 2. | Hydrant - North east corner of store                  |
| 4. | Monitor - South west corner of BSC tank farm.         |
| 5. | Monitor - North east corner of Permethrin unit.       |
| 5. | Monitor - By gasoline tank                            |
| 7. | Hydrant - By front gate                               |
| в. | Fire hose box - Between monitor 5 & 7                 |
|    |   |

| Fire | hose box - By monitor 9                                   |
|------|---|
| Fire | hose box - North east corner of store.                    |
| Fire | hose box - By front gate                                  |
| 350  | lb. wheeled fire ext By flare                             |
| 350  | Ib. wheeled fire ext North west corner of P-10 packaging. |
| 350  | Ib. wheeled fire ext. by DRA motor control room.          |
| 350  | lb. wheeled fire ext. by front gate.                      |
| DR.  | A sprinklers - DRA tank farm                              |
| Foa  | nm cart - In front of shift supervisor's office           |
|      |   |

| INSPECTOR'S NAM |  |
|-----------------|--|
|-----------------|--|

## STRETCHER AND/OR BLANKET CHECK

| B = Blanket S = Stretcher           | WEEKLY CHECK DATE          |
|-------------------------------------|----------------------------|
| 1. Shift supervisor's office B & S  |                            |
| 2. Cypermethrin Control Room B & S  |                            |
| 3. Shower Room S                    |                            |
| Emergency lights B = bright D = Dim | O = out, WEEKLY CHECK DATE |
| 1. Lab                              |                            |
| 2. Cypermethrin Control Room        |                            |
| 3. Propanil Control Room            |                            |
| 4. DRA Control Room                 |                            |
| 5. RP-10 Control Room COMMENTS:     |                            |
|                                     |                            |
|                                     |                            |
|                                     |                            |
|                                     |                            |

## CYANIDE ANTIDOTE KIT AND OXYGEN MECHANICAL RESUSCITATOR WEEKLY CHECK

## DATE AND INITIAL

|                                      | 1st week | 2nd week | 3rd week | 4th week |
|--------------------------------------|----------|----------|----------|----------|
| I. Lab                               |          |          |          |          |
| 2. Safety Room                       |          |          |          |          |
| 3. Shift Supervisor's Office         |          |          |          |          |
| 4. Cypermethrin Unit                 |          |          |          |          |
| 1, Lab                               |          |          |          |          |
| 1, Lab  2. Cypermethrin Control Room |          |          |          |          |
|                                      |          |          |          |          |
| z. Cyper metri in Control in Control |          |          |          |          |
| 3. Shift Supervisor's Office         |          |          |          |          |
|                                      |          |          |          |          |

## SAFETY SHOWER and or EYE WASH

| hower -  | Inside main door of Lab.                         |
|----------|--|
| ye Wash  | - By Lab Restroom Door                           |
| hower -  | By doorway separating two main rooms inside Lab. |
| Shower - | In front of Propanil blend tank, Tank Dyke.      |
| Eye Wash | - Propanil Pkg. building.                        |
| Shower & | Eye Wash - P-10 Pkg. building.                   |
| Shower & | Eye Wash - In front of DRA Control room.         |
| Shower - | Bottom floor of DRA East end.                    |
| Shower & | Eyewash - DRA second floor by R2.                |
|          |  |

|   | Shower | 8   | Eye | Was  | h -  | DRA   | A second floor by R1.                           |    |
|---|--------|-----|-----|------|------|-------|---|----|
|   | Shower | ε   | Eye | Was  | h -  | DR    | A catwalk by driers.                            |    |
|   | Shower | ε   | Eye | Was  | h -  | DR    | A East end of tank farm.                        |    |
|   | Shower | 8   | Eye | Was  | sh - | DR    | A West end of tank farm.                        |    |
|   | Shower | 8   | Eye | Was  | sh - | RP-   | -10 first floor by main stairway.               |    |
|   | Shower | 8   | Eye | Was  | sh · | - RP  | -10 Second floor by main stairway.              |    |
| • | Shower | 8   | Eye | Wa   | sh · | - RP  | 2-10 Tank Farm in front of Acetic Anhydride tan | k. |
| • | Shower | 8   | Eye | Wa   | sh   | - RP  | P-10 Tank Farm by walkway to R.R. Track.        |    |
|   | Shower | -   | In  | fron | t of | f cau | ustic tank at tank farm - North of B.S.C. unit. |    |
|   | Shower | - 8 | Eye | e Wa | sh   | - Fir | rst floor by main stairway of B.S.C. unit.      |    |

| Shower  | Eye Wash - Second floor in front of Control Room, B.S.C. unit |
|---------|---|
| Shower  | Eye Wash - Third floor by stairway B.S.C. unit.               |
| Shower  | In front of Beer Glass at Permethrin tank farm.               |
| Shower  | Eye Wash - First floor Permethrin unit by fork lift pad.      |
| Shower  | Eye Wash - First floor Permethrin unit by main stairway.      |
| Shower  | Eye Wash - Second floor Permethrin unit by main stairway.     |
| Shower  | Eye Wash - Second floor Propanil unit by R-1 reactor.         |
| Shower  | & Eye Wash- Second floor Propanil unit by R-2 reactor.        |
| Shower  | Eye Wash - First floor Propanil unit by R-2 reactor.          |
| A VALUE |   |

#### Reporting of Accidents, Repairs, and Remedial Action

During an inspection, or upon completion of an inspection, by the Utility Operator, any problem areas are immediately reported to the Shift Supervisor. Problems encountered usually fall under one of two categories: (1) involves an incident which has already occurred and involves personal injury, a human health hazard, or an environmental hazard; or (2) involves operation of non-essential equipment or secondary structures.

- 1. Special Accident Report. The Shift Supervisor or appointed personnel completes this form as to personnel involved, a description of the incident, injuries, possible causes, and subsequent actions taken to prevent the incident from reoccurrence or to repair damages caused. If remedial caction is required involving strucutral or mechanical equipment, the Supervisor completes a Workorder and issues to the appropriate personnel. If remedial action is required to effect damages resulting from the incident, a Workorder is completed and issued to Operations personnel. A copy of these Workorders indicating nature of repairs or other action taken is then attached to the initial Special Accident Report and submitted to the Plant Manager, Safety Director, Day Supervisor, and Environmental Engineer. A Supervisor's Accident Investigation Report is completed for all incidents involving personal injury.
- 2. Non-essential equipment or secondary structures requiring repairs may be reported by any plant personnel. A Workorder is then issued to the appropriate department by the Shift Supervisor or Day Supervisor noting repairs to be made. Copies of Workorders are maintained as a portion of the plant's operating log and submitted to the Plant Manager and Engineering.

# WORK ORDER VERTAC CHEMICAL CORPORATION

P. O. BOX 2648
WEST HELENA. AR 72390

Nº 3131

| COST CENTER   | EQUIP. # |                | DATE                          |                  |
|---------------|----------|----------------|-------------------------------|------------------|
| TITLE         | NAME     | TOTAL<br>HOURS | STORES ISSUE<br>TICKET NUMBER | AUTHORIZATION    |
|               |          |                |                               | WRITTEN BY:      |
|               |          |                |                               | APPROVED BY:     |
|               |          |                |                               |                  |
|               |          |                |                               |                  |
|               |          |                |                               |                  |
|               |          |                |                               |                  |
| TOTAL LABOR H | ours     |                | TOTAL MATERIAL COST           | rs               |
| WORK REQUIRED |          |                |                               | Market .         |
|               |          |                |                               |                  |
|               |          |                |                               |                  |
| Alf-Alek      |          |                |                               | La Maria         |
|               |          |                |                               |                  |
|               |          |                |                               |                  |
| FOLDER.       | all lay- |                |                               |                  |
|               |          |                |                               | The state of the |
| Table 1       |          |                | William Fred Bridge           |                  |

# CEDAR CHEMICAL CORP. SPECIAL ACCIDENT REPORT

| DATE:                             |   |
|-----------------------------------|---|
| TIME:                             |   |
| PERSON'S INVOLVED:                |   |
| DESCRIPTION OF ACCIDENT:          |   |
|                                   |   |
|                                   |   |
|                                   |   |
|                                   | · 1000000000000000000000000000000000000 |
|                                   |   |
| INJURIES IF ANY:                  |   |
|                                   |   |
|                                   |   |
| DISCIPLINARY ACTION TAKEN IF ANY: | AT GLASS ACT                            |
|                                   |   |
|                                   |   |
|                                   |   |
| REPORT PREPARED BY:               |   |
| DATE:                             |   |
| SUPT.                             |   |
| PLANT MANAGER                     |   |
| . SAFETY DIRECTOR                 |   |

Actions taken to again / replace structured or mechanical equipment simulaid.

Actions taken by assessmel to effect any necessary cleanup often as resulting from ascident.

# SUPPLEMENTARY ACCIDENT REPORT FORM

| CAUSE OF ACCIDENT        |                                  |
|--------------------------|----------------------------------|
|                          |                                  |
|                          |                                  |
|                          |                                  |
| CONSULTATION WITH DOCTOR |                                  |
|                          |                                  |
|                          |                                  |
|                          |                                  |
| ASSISTANT PLANT MANAGER, | SAFETY SUPERVISOR & PLANT MANAGE |
|                          |                                  |
|                          |                                  |
|                          |                                  |
| EMPLOYEE                 |                                  |
| SUPERVISOR '             |                                  |
| SAFETY SUPERVISOR        |                                  |
| SUPERINTENDENT           |                                  |
| PLANT MANAGER            |                                  |
| DATE                     |                                  |

SUPPLEMENTARY ACCIDENT INVESTIGATION FORM:

#### 1. JOB FACTORS

- A. IMPROPER SELECTION OF EQUIPMENT
- B. INADEQUATE EQUIPMENT MAINTENANCE
- C. INADEQUATE STANDARDS
- D. POOR HOUSEKEEPING
- E. UNREALISTIC SUPERVISORY STANDARDS
- F. LACK OF PROPER SAFETY EQUIPMENT
- G. PERSONAL SAFETY EQUIPMENT IN NEED OF REPAIR

#### 2. PERSONAL FACTORS

- A. POOR HIRING PRACTICE
- B. INADEQUATE EMPLOYEE INDOCTRINATION
- C. INADEQUATE SKILL TRAINING
- D. INADEQUATE SAFETY TRAINING
- E. IMPROPER MOTIVATION
- F. CARELESSNESS
- G. FAILURE TO FOLLOW SAFETY RULES AND REGULATIONS
- H. FAILURE TO REPORT KNOWN SAFETY HAZARD

WARLOCK PRINTING - W. HELENA, ARK.

#### VERTAC CHEMICAL CORP. P.O. BOX 2648 WEST HELENA, ARKANSAS

| ☐ Lost time              | Al  | NSWER ALL QUESTIONS  | OSHA #               |
|--------------------------|---|--|----------------------|
| INSTRUCTIO               |   | jury to an employee, answer all questions IN   | FULL. Form should be |
| ajured employee (N       | Tame in full)   | Social Sec   | urity No.            |
|                          |   | Phone  |                      |
|                          | cation  |  |                      |
| mployee's address.       |   | Race or co   | lor                  |
|                          | Data at anddown   | Time   |                      |
|                          | Location of accident  |  |                      |
|                          | Nature of injury  |  |                      |
|                          | riacute of minty  |  |                      |
|                          | Describe how accident occurred_   |  |                      |
| ACCIDENT                 | *   |  |                      |
| INJURY                   |   |  |                      |
| AND                      | -   |  |                      |
| SCRIPTION                | -   |  |                      |
| SCRIPTION                | -   |  |                      |
|                          |   |  |                      |
|                          | -   |  |                      |
|                          |   |  |                      |
|                          | Witnesses   |  |                      |
|                          |   |  |                      |
|                          | Occupation when injured   | Property of the Control of the Contr |                      |
|                          |   |  |                      |
|                          | Was this regular duty of employee   | · ·  |                      |
|                          |   |  |                      |
|                          | If not, state regular occupation  |  | service              |
| ADMINISTRA-              | If not, state regular occupation  | Length of Mo. rate_  |                      |
|                          | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl   | Length of Mo. rate_  |                      |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin   | Length of  |                      |
|                          | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time  | Length of Mo. rate_  | ted losing time      |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost   | Length of Mo. rate_ ng disability  | ted losing time.     |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number   | Length of Mo. rate_ ng disability Date star When days lost   | ted losing time.     |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number   | Length of Mo. rate_ ng disability Date star When days lost   | ted losing time.     |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury   | Length of Mo. rate_ ng disability Date star When days lost to Foreman  | ted losing time.     |
| TIVE                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury Treated at clinic   | Length of Mo. rate Mo. rate Date star When days lost to Foreman Yes_No   | ted losing time.     |
| TIVE<br>DATA             | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury Treated at clinic Treated at emergency room   | Length of Mo. rate Mo | ted losing time      |
| TIVE<br>DATA<br>PERSONAL | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury  Treated at clinic Treated at emergency room Treated on the job   | Length of Mo. rate Mo. rate Mo. rate Mo. rate Mo. rate Mo. rate When When Yes No Yes No Yes No   | ted losing time.     |
| TIVE<br>DATA             | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury  Treated at clinic Treated at emergency room Treated on the job Name and address of attending p   | Length of Mo. rate Mo | ted losing time.     |
| TIVE<br>DATA<br>PERSONAL | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury  Treated at clinic Treated at emergency room Treated on the job Name and address of attending p Name and address of hospital If serious disability, give name a | Length of Mo. rate Mo | ted losing time.     |
| DATA                     | If not, state regular occupation Wages: Hourly rate Temporary or permanent empl Will employee receive wages durin Did accident cause lost time Has employee returned to work Actual number of days lost If still off, give estimated number When did employee report injury  Treated at clinic Treated at emergency room Treated on the job Name and address of attending p Name and address of hospital If serious disability, give name a | Length of Mo. rate Mo | ted losing time.     |

(Over)

SUPERVISOR'S REPORT ON INVESTIGATION OF ACCIDENT

In order that we may have a more detailed report as to the cause of the accident in which this employee was involved and also that we may be informed as to the action taken to prevent a recurrence of similar accidents in the future, the Supervisor under whom the injured was working at the time of the accident will complete the following form. After the Supervisor has completed and signed the report, it is to be passed to the Superintendent for his approval before mailing to the Safety Director.

#### SUPERVISORS - ANSWER ALL QUESTIONS

| Did you instruct injured employee of the job hazards and why? | nd safety precautions to have been taken? Yes() No() If no, |
|---|---|
| Was injured wearing and or using proper safety protecti       | tive equipment? Yes() No() If no, why?                      |
| Why was unsafe act committed?                                 |   |
| Why did unsafe condition exist?                               |   |
| Did you know of unsafe condition? Yes() No()                  |   |
| What are you actually doing to prevent similar injuries?      | ?   |
| Was the accident primarily caused by the injured's care       | elessness and/or thoughtlessness? Yes() No()                |
| Did you discuss the accident with the injured employee?       | ? Yes() No() If no, why?                                    |
| His remarks:  |   |
| What was employee doing when the accident occurred?           |   |
| What machine, tool, substance or object was most close        | ely connected with the accident?                            |
| If machine or vehicle, what part of it?                       |   |
| In what way was the machine, tool or object defective?.       |   |
|   |   |
|   | Do not say, by being more careful)                          |
| Were mechanical guards or other necessary safeguards          | s (such as goggles) provided?                               |
|   |   |
|   |   |
|   |   |
|   | APPROVED  |
|   | Supt.   |
|   | APPROVED  |
|   | Plant Manager   |
|   | APPROVED  |

Safety Director

WHAT TO DO IN CASE OF AN ACCIDENT

A. IF CHEMICAL POISONING IS SUSPECTED SEND PERSON TO COMPANY DOCTOR'S OFFICE BETWEEN THE HOURS OF 09:00 AND 17:00 MONDAY THROUGH FRIDAY AND 09:00 to 12:00 ON WEDNESDAY. SEND PERSON TO HOSPITAL AT ANY OTHER TIME. ALWAYS SEND WITH THE PERSON A SLIP OF PAPER OR MSDS WITH THE NAME OF THE SUSPECTED CHEMICAL ON IT.

IF AT ALL POSSIBLE ALSO <u>CALL</u> THE HOSPITAL OR DOCTOR'S OFFICE AND TELL THE NURSE OR PERSON ON DUTY THE NAME OF THE EMPLOYEE AND THE CHEMICAL THAT IS SUSPECTED AND THE UNIT IT COMES FROM.

COMPANY DOCTORS:

MCDANIEL - PHONE NO. 338-8308 MCCARTY - PHONE NO. 338-7401 MONDAY THROUGH FRIDAY - 09:00 to 17:00 WEDNESDAY - 09:00 to 12:00

EYE DOCTOR; DR. FREDERICK - PHONE NO. 338-9882

HELENA HOSPITAL - PHONE NO. 338-6411

AMBULANCE - PHONE NO. 338-6707

\* ( 1 + 2

IF THERE IS EVER A DOUBT AS TO THE SERIOUSNESS OF THE INJURY, SEND THE EMPLOYEE TO THE DOCTOR'S OFFICE OR TO THE HOSPITAL ACCORDING TO THE TIME OF THE ACCIDENT.

ALWAYS IF POSSIBLE CALL AHEAD TO THE HOSPITAL OR DOCTOR'S OFFICE AND GIVE THE EMPLOYEE'S NAME AND NATURE OF INJURY OR SUSPECT CHEMICAL AND THE UNIT IT COMES FROM IF CHEMICAL POISONING OCCURS.

#### ACCIDENT REPORTS

SUPERVISOR OR APPOINTED PERSONNEL WILL FILL OUT AN ACCIDENT REPORT AS SOON AS POSSIBLE. THE ACCIDENT REPORT WILL THEN BE GIVEN TO THE SAFETY DIRECTOR. IF THE SAFETY DIRECTOR IS NOT IN THE PLANT, THE ACCIDENT REPORT SHOULD BE SENT TO JOHN MILES.

FILL THE ACCIDENT REPORT OUT AS QUICKLY AND ACCURATELY AS POSSIBLE. ALL ACCIDENT REPORTS HAVE TO BE IN THE INSURANCE OFFICE NO LATER THAN 48 HOURS AFTER THE ACCIDENT.

INITIATE A WORKORDER TO REPAIR DAMAGES TO EQUIPMENT AND/OR ENVIRONMENT INVOLVED IN AN ACCIDENT. WHEN THE WORKORDER IS COMPLETE ATTACH A COPY TO THE ACCIDENT REPORT AND SUBMIT TO THE PLANT MANAGER.

EFFECTIVE; 7-28-78 REVISED; 1-30-86

#### COMPANY PHYSICIAN'S POLICY

IN ADDITION TO ANY DOCTOR A PERSON MAY WANT TO SEE, IT IS THE REQUEST OF CEDAR CHEMICAL CORPORATION THAT THE COMPANY DOCTORS; DR. MCDANIEL, OR DR. CHARLES P. MCCARTY BE IN CHARGE OF ANY CASE INVOLVING A WORK RELATED INJURY OR ILLNESS OF ANY EMPLOYEE.

# CEDAR CHEMICAL CORPORATION

## NON-ROUTINE PRODUCTION SAFETY WORK PERMIT

| LOCATION:   | DATE IS   | SSUED:                   |
|-------------|---|--------------------------|
| TIME ISSURE | ED: TIME EX   | XPIRES:                  |
| PERMIT AUTO | OMATICALLY EXPIRES AT THE END OF                                    | F EACH SHIFT.            |
| PERMIT ISSU | UED TO; (ONE PERSON'S NAME ONL'                                     | Υ)                       |
| JOB DESCRIE | PTION:  |                          |
|             | S PERMIT WILL BE VOID AND MUST :<br>IDENT OR CHANGE OF ABOVE CONDIT |                          |
|             | NO SMOKING IN UNAUTHORIZED AREA<br>CHECK ONLY BOXES THAT APPLY      | <u>s</u>                 |
|             | PROTECTIVE EQUIPMENT REQUI  | RED                      |
| I           | REVIEW MSDS FOR   |                          |
|             | WEAR GOGGLES/OR FACE SHIELD   |                          |
|             | WEAR GLOVES - RUBBER  |                          |
|             | WEAR SAFETY BELT AND LINE   |                          |
|             | WEAR SELF-CONTAINED BREATHING A                                     | PPARATUS                 |
| 1           | HAVE SELF-CONTAINED BREATHING A                                     | PPARATUS AVAILABLE       |
|             | WEAR HEARING PROTECTION   |                          |
|             | WEAR RAINSUIT - FULL  |                          |
|             | RESPIRATOR NEEDED. SPECIFY TYP                                      | E:                       |
|             | ADDITIONAL SAFETY EQUIPMENT NEE                                     | DED THAT ARE NOT ON LIST |
|             |   |                          |
| SIGNATURES  | ONLY: OPERATORL. (1) SHIFT SUPERVISORL.                             | OPERATOR                 |
| JOB STATUS  | S: COMPLETEINC  | COMPLETE                 |

RECD SEP 16 1981

## CEDAR CHEMICAL CORPORATION

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

CSN: Permit No. Media: Air, Water, Solid, Hazardous Sort: Permit, Complian Complian Micro

9/15/87

Karen Deere Arkansas Department of Pollution Control and Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Ar. 72209

Subject: Consent Administrative Order LIS 86-027

#### Dear Karen:

Attached is a narrative description of processes performed at the West Helena Plant since 1980. Information on the chemical and physical composition of process wasted generated is included. Also attached is a proposed plan and schedule of implementation to sample and analyze all sludges, sediments, and liquids in the surface impoundments. A determination of whether such materials are hazardous wastes will be based upon the analytical results and current regulatory definitions.

In order to give some indication of activities at the West Helena Plant without creating a confidential document, the attached Table 1 is presented. The table relates manufacturing activity expressed as a percent of total plant revenue.

Sincerely

Joe E. Porter

Environmental Engineer

cc: J.H. Miles G.L. Pratt

Allen Malone

# Table 1

| Process    | 1980  | 1981  | 1982  | 1983  | 1984  | 1985  | 1986  |
|------------|-------|-------|-------|-------|-------|-------|-------|
| Propanil   | 73.63 | 76.97 | 58.04 | 49.40 | 50.72 | 63.90 | 61.03 |
| Lannate    | 4.82  | 0.95  |       |       |       |       |       |
| DRA        | 4.76  | 9.27  | 22.79 | 16.29 | 12.77 | 9.15  | 0.03  |
| BSC        | 5.80  | 0.01  |       |       |       |       |       |
| Permethrin | 10.98 | 13.60 | 18.39 | 18.36 | 22.36 | 17.29 | 24.70 |
| SCI        |       |       | 0.70  | 1.41  | 0.07  | 1.83  | 3.26  |
| Arsenicals |       |       |       | 14.03 | 10.43 | 6.83  |       |
| Services   |       |       | 0.07  | 0.95  | 3.01  | 0.20  |       |
| MTPO       |       |       |       |       |       | 0.80  | 5.66  |
| RP-15      |       |       |       |       |       |       | 5.31  |

#### Summary of Manufactured Products - 1980 through 1986

1. Propanil. The manufacture of Propanil (3,4-Dichloropropionanilide) has continued to operate in the period of 1980 thru 1987. The process operates for an average of five to six months per year. The process generates a weak acid described as follows before neutralization:

Propionic Acid 3 to 5% 0.5% Propanil Less Than 0.5% Less Than 3.4-Dichloroaniline Water 95 to 97% 2 to 4 pH 1.02 Specific gravity Greater Than 200 Degrees F Flash Point

This weak acid is neutralized if necessary and treated in a biological treatment system. Final discharge is to the Mississippi River via Outfall 002 of NPDES Permit Number AR0036412.

- 2. Lannate. A methomyl insecticide product was formulated only for DuPont in 1979 and 1980. In the formulation, a technical material was received in fiber drums with liners. The liners were removed and returned to the manufacturer. The remaining fiber drums were crushed and shipped to the local sanitary landfill. Last date of actual manufacturing was 1978.
- 3) DRA. A polymer product was manufactured under contract with Atlantic-Richfield during the period of 1980 through 1985. Samples and off-specification product were shipped to CECOS International, Livingston, La. for solidification and landfill. The polymer waste was characterized as follows:

80 to 95% Kerosene DRA Co-polymer 11 to 12% 0.2 to 2% Ethylene Glycol Water 0 to 5% Sodium Salts Less Than 1% Less Than Aluminum Salts 1% Titanium Salts Less Than 1% Viscoscity 73,000 cp 120-150 Degrees F Flash Point 7 to 10 PH Density 6.6 lbs/gal 4. Benzene Sulfonyl Chloride (BSC) was manufactured as a chemical intermediate in 1980. A spent sulfuric acid generated was neutralized with sodium hydroxide which was then sent to the biological treatment system. The waste stream consisted of approximately the following:

 Sodium Sulfate
 10 to 15%

 Sodium Chloride
 10 to 12%

 Sodium Salt of BSC
 2 to 3%

 Water
 70 to 80%

Note: Last manufacture of benzenesulfonyl chloride was approximately June 1980.

5. Permethrin/Cypermethrin are two generations of synthetic pyrethroid insecticides which have been manufactured with a 75% stream factor during the period of 1980 to the present. Due to the highly fish toxic nature of synthetic pyrethroids, all waste from this process goes to deep well disposal. Over the years, four disposal facilities have been used: Clean Land, Air, and Water, Inc. (now Rollins Environmental) in Louisiana; Chemical Resources, Inc., Tulsa, Oklahoma; CECOS International, Odessa, Texas; and Gibraltar, Winona, Texas.

A typical analysis for this wastestream is as follows:

Cypermethrin Permethrin Parmeter 9.5 10 PH 45 F 80 F Flash Point 9.3% 6.7% Sodium Chloride 1.8 1.9 Sodium Sulfate 1.8 Sodium Cyanate Sodium Hypochlorite Less than 0.1 2.1 Methanol 7.7 Toluene 6.9 Tenneco 500 80.1 80.1 Water 1.07 1.08 Specific Gravity 1.2 1.6 Miscellaneous Organics

6. SCI. An alkylated phenol has been manufactured under a toll conversion contract since 1982 operating for about four months per year. The process alkylates para-secondary butyl phenol to form 2,6-di-tert-butylphenol. Three streams are generated with one being recycled back to the process along with laboratory samples: (1) An aqueous wash is generated and treated in the biological treatment system.

COD 58,000 mg/liter
pH 4.1
Flash Point Greater Than 140 degrees F
Alkylated Phenols 24,000 mg/liter
Water 97%

(2) After alkylation, a distillation purifies the product. A forecut containing un-alkylated material is recycled into subsequent process reactions. (3) Distillation bottoms containing tri-alkylated phenol and impurities is either returned to the client company for further processing or shipped off-site for incineration. This stream is non-hazardous containing no listed wastes.

pH 7.0
Specific Gravity 0.8535
Flash Point Greater than 150
Monoalkylated phenols 0.5 %
Dialkylated phenols 2.5
Trialkylated phenols 97

7. Arsenical herbicides. From 1983 through 1985 a variety of arsenical herbicides were formulated and packaged. Products included: MSMA, DSMA, VERSAR-600, VERSAR-660, Bolls-Eye, Broadside, and Phytar-560. A formulation and packaging waste was generated in washing equipment and containers. The majority of this was recycled into formulations until the end. Final washings were disposed off-site by deep-well injection.

pH 7.3

Density 8.6 lbs/gallon

MSMA/DSMA/Cacodylates 0.5 to 1.0 %

measured as Arsenic 0.1 to 0.5 %

Suspended Solids 500 to 600 mg/liter

Water 98 to 99 %

8. MTPO. Methylthiopinacolone oxime is an organic intermediate for export manufactured under a toll conversion contract. The manufacturing process is a two step reaction sequence where each step produces a wastestream. (1) The first step produces an aqueous, reactive stream containing methyl mercaptide. This stream is treated in the manufacturing process with sodium hypochlorite until all mercaptide is converted to sulfate. The resulting stream is classified non-hazardous and is treated in the biological treatment system.

pH Flash Point Methyl Mercaptide MCP and MTP 6 to 10 greater than 140 F non-detectable Less than 0.1%

(2) The second process step produces a stream which is non-hazardous and is also treated in the biological treatment system. A scrubber liquor containing sodium hypochlorite is used in the neutralization of the first stream and consequently goes to the biological treatment system.

pH Flash Point MCP/MTP/MTPO 6 to 10 Greater than 140 F Less than 0.1%

9. RP-15 was a chemical intermediate manufactured from Sept. 1986 through Dec. 1986. The process generated an aqueous waste categorized by its m-Cresol content. The pH was maintained above pH 11 in order to keep the m-Cresol in solution as the potassium salt. For this reason the wastestream was also categorized as RCRA corrosive. The waste was shipped off-site for deep-well injection disposal.

pH 11 to 13 Flash Point 200 F Specific Gravity 1.109 Potassium Chloride 13.3 % 8.0 Potassium Cresolate 0.4 Potassium Acetate Dimethylacetamide 0.2 Less than 0.1 Benzotrifluoride RP-15 1.0 77.4 Water

10. RP-10 was a technical grade herbicide manufactured under a toll conversion contract. The process entailed a nitration reaction generating a spent sulfuric acid. This acid was returned to Stauffer Chemical where it was recycled into fresh sulfuric acid.

Sulfuric Acid 60 %
Acetic Acid 25
Nitric Acid Less Than 1
Ethylene Dichloride Less than 1
RP-10 Less than 0.1
Water 15

A wash step following the nitration generated an aqueous weak acid which was neutralized in the manufacturing process. The resulting non-hazardous waste was then transferred to the biological treatment system.

pH 6.06
RP-10 and isomers 0.20 %
Ethylene Dichloride Less than 0.40
Sodium Acetate 6.1
Sodium Sulfate 1.1
Flash Point Greater than 180 F
COD 25000 to 30000 mg/l

Surface Impoundment Sampling and Analysis Plan Sample and analyze all sludges, sediments, and liquids in the biological treatment system and to make a determination pursuant to 40 CFR Part 262.11 whether such materials are hazardous wastes. The biological treatment system consists of three surface impoundments operated in series with respect to flow. The initial pond, also known as the equalization basin, receives influent from the plant area through an API separator. Influent is mixed with a circulation flow through a static mixer. Potential sampling points lie in the area around this influent point. The equalization pond is equipped with four 7.5 hp Aqua-Aerobics, high-speed, floating aerators and a forced-air aeration piping network. The second pond, also known as the aeration basin, is operated as a complete mix, extended aeration system. For aeration and mixing the system uses eight 7.5 hp Aqua-Aerobics, high-speed, floating aerators. Influent to the aeration basin is mixed with a circulation loop which feeds the clarifiers. Potential sampling points are the influent area and the bottom where the least mixing might occur. Two chain and flight clarifiers follow the aeration basin and are operated parallel to each other. The clarifiers settle biological mass and return it as sludge to the aeration basin. Potential sampling points include the returned, biological mass and the clarifier overflow. The third pond, also known as the polish pond, is designed to be a final holding area prior to discharge to the Mississippi River outfall. The overall scope is to sample the surface Project Objective impoundment areas providing representative information concerning chemical contamination; specifically, relating to RCRA hazardous wastes and the potential for groundwater contamination. It will not be the purpose of this project to evaluate the efficiency of the biological treatment process, however information derived in the study may be useful at a later date. Parameters to Analyze All samples collected in this project will be analyzed for the same chemical and physical parameters. These are outlined in Table 2 and include chemicals present on the plant site during the period 1980 through 1986, heavy metals, and biological system indicator parameters. Location of Sampling Points In order to obtain a representative cross-section of the treatment contents, the following sampling points and their rationale have been developed: (1) Equalization basin - This pond has one influent point.

#### TABLE I - Analytical Parameters

General Parameters

pH

Flash Point

COD

Total Solids

Total Suspended Solids

Total Volatile Solids

Alkalinity

Ammonia-Nitrogen

Nitrate-Nitrogen

Nitrite-Nitrogen

Sulfate

Sulfide

Sulfite

Cyanide

Chloride

Arsenic

Phosphorus, Total

Total Organic Carbon

Total Organic Halogen

Metals Aluminum Cadmium

Chromium

Lead

Mercury

Organic

Ethylene Dichloride Methyl Isobutyl Ketone

Mesityl Oxide

Toluene

Xylene

3,4-Dichloroaniline

Phenol(s)

Isophorone

Dimethyl Acetamide

Propanil

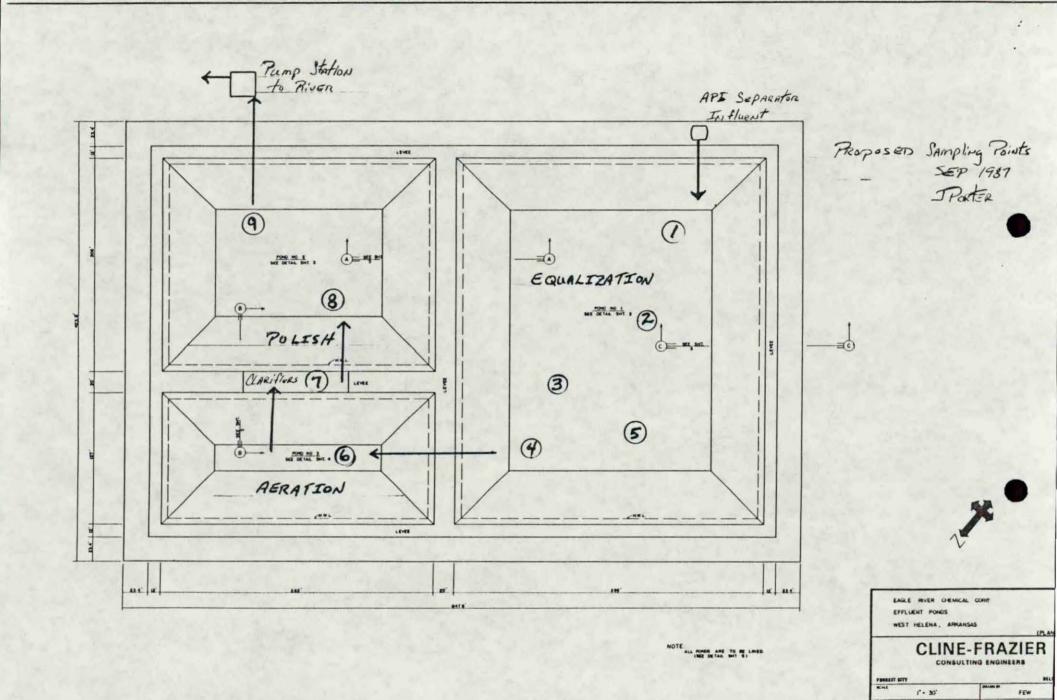
#### Sampling Schedule

Sep. 16, 1987: Submit proposed schedule of implementation

Oct. 1987: Receive plan approval from ADPC&E Nov. 4, 1987: Collect samples from surface impoundments

Receive Analysis from Laboratory

Submit report of all laboratory data and determinations within 30 days of laboratory report.



OCTOBER . 1975





# SORRELLS RESEARCH LABORATORY AND FIELD SERVICES



8002 STANTON ROAD LITTLE ROCK, ARKANSAS 72209

(501) 562-8139

We participate in the Environmental Protection Agency's Quality Assurance Program, namely WPOOB to (most recently) WPO18. In addition we suscribe to an independent reference Standards Service from Environmental Resource Associates.

We perform each test according to Environmental Protection Agency test methods, reference Federal Register, Friday October 26, 1984, part VIII, 40 CFR part 136, as subsequently corrected.

We certify that we will provide well-documented reports based on information received from the Chain of Custody Sheet or Identification Card.

We certify that we will maintain records and reports of each sample analysis for at least three years.

We certify that we are able to vindicate our analytical accuracy to disputed parties or if subsequent litigation results.

We certify that we will perform all pollutant analyses at our laboratory and thoroughly exercise written chain-of-custody procedures.

We certify that we are equipped for and are capable of field monitoring.

# K. E. SORRELLS RESEARCH ASSOCIATES, INC. LABORATORY AND FIELD SERVICES

CHEMISTS ECOLOGISTS CONSULTANTS PLANNERS

8405 A STANTON ROAD LITTLE ROCK, ARKANSAS 72209 (501) 562-8139

#### TECHNICAL ASSISTANCE, APPLIED RESEARCH, AND BASIC RESEARCH

Analytical Chemistry Industrial Water Industrial Wastewater

Treatment

Stream Ecology
Domestic Water
Domestic Wastewater
Technology

#### ENVIRONMENTAL SERVICES

Environmental Chemistry
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Resource Development
Expert Witness
Training Programs
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Process Evaluation
Pollution Control Selection

Ecological Studies
Project Management
Materials Testing
Technical Manual Preparation
Quality Control Assistance
Equipment Evaluation
Resource Recovery Studies
Waste Evaluation

## SERVICES FOR

State Governments
Federal Agencies
Development Districts
Subdivisions
Business Developments
Parks
Civil Engineers
General Public

Local Governments
Municipalities
Improvement Districts
Mobile Home Parks
Truck Stops
Recreational Developments
Sanitary Engineers
Private Organizations

# SCHEDULE OF SERVICES We are striving to be your number one environmental laboratory in this area. Our professional interests are to serve you better, with the best quality assurance and report information available! NPDES ANALYSIS PACKAGE DOMESTIC WASTEWATER Biochemical Oxygen Demand Total Suspended Solids Fecal Coliform pH and/or Alkalinity Flow-calculated from measured daily flow

We offer same day analyses or on-site analyses for critical analytes.

We have scheduled sample transportation services each Wednesday and Thursday serving your respective geographic areas

If you are not presently doing so, please consider using us for your outside laboratory contracts. If price is a problem, discuss it with us. We will meet the price of any quality laboratory you are presently using!

Laboratory Set-up and Operator Training, Field & Stream Studies, Bioassay, Environmental Impact Assessment, Preparation for litigation

Benchwork, Library Work, Literary Research

| INDEGANIC N   | NONMETALLIC C                           | ONSTITUENTS. | ORGANIC CONSTITUENTS:       |
|---------------|---|--------------|-----------------------------|
| Chloride      | ACINITE I PLEASE C                      | ONSTITUCIO.  | Gas Chromatograph Screening |
| Cyanide       |   |              | GLC - Wastewater (Priority  |
| Fluoride      |   |              | Pollutants Methods)         |
| Oxygen Diss   | ol ved                                  |              | BOD                         |
| Silica        | 01 460                                  |              |                             |
| Sulfate       |   |              | COD                         |
|               |   |              | Oil & Grease                |
| Suitice .     |   |              | Phenols                     |
| METALE ANAL   | YSIS BY ATOM                            | TC           | Surfactants                 |
|               |   |              |                             |
|               | SPECTROPHOTO                            | METRY:       | Total of Soluble Organic    |
| Carbon-       |   | Potassium    | Potable Water               |
| Antimony      |   |              |                             |
| Bismuth       |   | Silver       | Wastewater                  |
| Cadmium       | Lithium<br>Magnesium                    | Sodium       | AULTD LEVITO                |
| Calcium       | Magnesium                               | Strontium    | NUTRIENTS:                  |
| Chromium      | Manganese                               |              | Ammonia Nitrogen, Distilled |
| Cobalt        | Nickel                                  | Vanadium     | Nitrate + Nitrite Nitrogen  |
| Go1 d         | Palladium                               | Zinc         | Total Kjeldahl Nitrogen     |
|               | • |              | Phosphorus                  |
| METALS ANA    | LYSIS BY HTAR                           | AS:          | PHYSICAL EXAMINATION:       |
| Aluminum      | Boron                                   | Vanadium     | Color                       |
| Barium        | Molybdenum                              | Titanium     | Conductivity                |
| Beryllium     |   | Zirconium    | Hardness                    |
|               |   |              | Total Solids                |
|               |   |              | Total Dissolved Solids      |
|               |   |              | Total Suspended Solids      |
| METALS BY     | FLAMELESS AAS                           | 3.           | Total Volatile Solids       |
|               | Mercury Se                              |              |                             |
|               |   |              |                             |
|               |   |              |                             |
| *EP TOXICI    | тү                                      |              |                             |
|               | ethanes                                 |              |                             |
| THE ATTEMATOR |   |              |                             |

\*\*\*Daphnia Toxicity Screen
Daphnia 48-hr. TLM.....

\*Many cities are requiring this procedure before allowing waste to be disposed of in their landfills.

\*\*We provide sample containers & preservatives on request.

\*\*\*E.P.A. requires this of certain Industrial discharges.

| Amenable Cyanide  | ORGANIC CONSTITUENTS TOX (Total Organic Halides)   |
|---|--|
| Flashpoint  | % Moisture   |
|   | Settleable Solids  |
| PCB'S Transformer Oil Water/Sediment/Sludge Animal Feed Paper | PRIORITY POLLUTANTS  (129) Priority Pollutants  Organic Only  Volatiles  Toluene  Base/Neutral |
| RCRA HAZARDOUS  | Pesticides   |
| Waste Testing   | Polynuclear Aromatic Carbons   |
| Ignitability  |  |
| Corrosi vity  | Phthlate   |
| Reactivity  | Acid Extract   |
| Mineral Analysis Package                                      |  |
|   | T.T.O  |
| Bromide   | Formaldehyde<br>Water  |
|   | Air  |

### EQUIPMENT

TRACOR 560 TEMPERATURE-PROGRAMMABLE GAS-LIQUID CHROMATOGR Detectors: Flame Ionization Detector, Hall Electolytic Conductivity. Detector with multi-mode operational capab including Halogen-selective, Nitrogen-selective, Nitrosamine-selective, or Sulfur-Selective mode. Linearized Electron Capture Detector. Capillary On-column injector.

GC/MS SYSTEM: Hewlett Packard 5890 Gas Chromatograph with Mass Selective Detector, Controller HP 310 MicroComputer configured as the HP 59970 MS ChemStation.

# STOCK COLUMNS

. . . .

25 m capillary vit-silica SE-52 WCOT 25 m capillary vit-silica PH-5 WCOT 25 m capillary vit-silica ULTRA-2 WCOT

2 m packed Columns, Glass:

OV-1 (2) 2% SP2300/3% SP2310 (2.4 m) 1% SP-1000 on Carbopack B (2) 5% SP-1200/1.75% Bentone 34 1% SP-1240-DA 1.5% SP-2250/1.95% SP-2401 10% Carbowax 20 m/2% KOH 3% SP-2250 1% DEXSIL 300 3% SP-1000 1.5% OV-1/1.5% OC-225 80/100 Chromosorb 101 10% DEGS-PS

TEKMAR LSC-2 PURGE-AND-TRAP CONCENTRATOR with absorbent tra for EPA Methods 601, 602, and 603. Operates as master to GC plotter integrator.

HEWLETT-PACKARD 3390-A PLOTTER-INTEGRATOR

DOHRMAN DC-80 TOTAL ORGANIC CARBON ANALYZER SEGUDIA TURNER MODEL 390 SPECTROPHOTOMETER

(page 2) INSTRUMENTATION LABORATORY MODEL IL 251 ATOMIC ABSORPTION/EMMISSION SPECTROPHOTOMETER. Double-beam with background correction. Stock Hollow-Cathode Lamps: Aluminum Antimony Arsenic Barium Beryllium Bismuth Cadmium Calcium Cobalt Chromium Copper Deuterium Gold Iron Lithium Lead Magnesium Manganese Mercury Molybdenum Nickel Palladium Potassium Selenium Silver Sodium Strontium Tellurium Thallium Tin Titanium Vanadium Zinc Zirconium TWO APPLE II-PLUS MICROCOMPUTERS with Disk Drives and EPSON FX Printers. MACINTOSH MICROCOMPUTER with Disk Drives and Apple Imagewriter Printer. TWO APPLE IIE MICROCOMPUTERS WITH Duo-Disk Drive and enhancements. PHYSICAL PLANT 4,000 square feet of laboratory, office, and storage space on a 2.5-acre wooded site in the center of Pulaski County, Arkansas. Sensitive instrumentation and Standards Preparation area is

isolated from Wet Chemistry/Extractions areas.

OCT 1 5 1987

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

REPLY TO: P. O. BOX 2749 WEST HELENA, AR 72390 (501) 572-3701

Sept. 14, 1987

Karen Deere Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Arkansas 72209

Re: Consent Administrative Order: LIS 86-027

Dear Karen:

Pursuant to paragraph 6 of the Consent Administrative Order, Cedar Chemical Corporation is submitting a closure plan for the hazardous waste storage facilities.

We are prepared to implement this plan upon approval by the Department. We anticipate that this plan should adequately satisfy the requirements of both the Consent Administrative Order as well as those of the RCRA regulations.

We look forward to hearing from you.

Joe E. Porter

Sincere

**Environmental Engineer** 

cc: J.H. Miles G.L. Pratt

A.T. Malone

#### Overview

The following is a written closure plan for tank storage facilities and container storage facilities located at Cedar Chemical Corporation, West Helena, Arkansas. The closure plan follows the guidelines and requirements set forth in CFR 40, Part 265 and adopted by reference in the Arkansas Hazardous Waste Management Code. This closure plan is notification that Cedar Chemical Corporation is ceasing to conduct regulated activities of tank storage and container storage. The facility will retain its' status as a hazardous waste generator with EPA ID Number ARD 990 660 649.

The facility currently has one (1) storage tank and a container storage area classified as Hazardous Waste Management Units. Each unit is addressed separately in the following plan. When the plan for each unit is complete, it will constitute final closure. Post-closure care is not a requirement of the closure plan.

#### Tank Storage

Maximum inventory for tank T-B112 is assumed to be the capacity of the tank, 20,000 gallons. The tank served to manage a D002, corrosive, waste. The last shipment of this waste was made to Rollins Environmental Services, Baton Rouge, La., in March, 1987. A total of 43,000 gallons was removed from the tank in March 1987. Manifests and shipping records are available for documentation.

A cleaning plan has been developed which includes elementary neutralization of any remaining tank contents and a thorough washing with copious volumes of water. After the neutralization wash and each rinse, the tank contents will be examined analytically for the parameter of pH. Elementary neutralization may be required to bring the pH into an acceptable range. When within the range of non-hazardous waste criteria, the wash will be discharged from the tank to the on-site biological treatment system.

Associated Equipment. All piping and the pump connected to the tank will be treated in the same way. The pump and piping will be used to circulate the tank contents when washing. No brushes, shovels, or other tools will be used to clean the tank. The tank will not be dismantled, removed, or otherwise disposed of. Therefore no other equipment requires decontamination.

Containment Area. The containment area consists of a concrete floor and surrounding concrete walls. The internal dike area will be washed using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameter of pH. When within the range of non-hazardous waste criteria, the wash will be discharged from the diked area to the on-site biological treatment system.

Sampling Procedures. Washes and rinsates of the tank and its surrounding concrete dike will be sampled as grab samples in glass containers. Samples will be hand-carried to the plant laboratory and analyzed. Analysis will take place within one hour of sampling. Results will then be immediately available. Samples will be taken from the tank and/or the tank dike immediately prior to removal of any wash or rinsate. No removal will be made until results have demonstrated that the wash or rinsate is non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH. The pH value of all washes or rinsates must be in the range of pH 5 to pH 10 prior to removal and discharge to the biological treatment system.

Analytical Method. The parameter of pH will be determined in accordance with the analytical method outlined in "Test Methods for the evaluation of Solid Waste: Physical/Chemical Methods," SW-846., and "Standard Methods for the Examination of Water and Wastewater", 16th Edition.

Certification. The tank and its surrounding concrete dike will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer and a Professional Engineer. Upon satisfaction of these parties that the tank is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of this certification will be included with notice to the State of Arkansas that the tank closure is complete within 60 days of completion of closure.

Subsequent to final closure, this tank will be placed back into service as a wastewater holding tank. Manifests, shipping records, and plant operating records will demonstrate that the tank will not be used for hazardous waste storage longer than 89 days.

#### Container Storage

The container storage area for hazardous waste in drums consists of a concrete slab with center drain and a collection sump. The concrete area is surrounded by an asphalt work area and is sheltered by an aluminum roof structure.

Current (Oct 12, 1987) inventory consists of ignitable (D001) and F005 (Toluene greater than 10%) hazardous waste. These will be removed within 90 days of plan implementation. Disposal will be off-site to a commercial incinerator facility.

Once the current inventory of hazardous waste is removed, the area will be cleaned using a detergent solution in a high pressure washer. Washwater will be tested analytically for the parameters of pH and flash point. When within the range of non-hazardous waste criteria, the wash will be discharged from the sump to the on-site biological treatment system.

Containment Area and Equipment. The asphalt area surrounding the concrete slab and the concrete sump will be cleaned in the same manner as the concrete area. If any shovels or brushes are used to facilitate cleaning, they will be washed before they leave the area. All washes will be tested for the parameters of pH and flash point. Washes will then be discharged to the biological treatment system.

Sampling Procedures. Washes and rinsates from the drum storage area will be sampled as grab samples in glass containers. Samples will be hand-carried to the plant laboratory for analysis. Analysis will be performed within one hour of sampling. Discharges from the area will not be made prior to receipt of analytical results, demonstrating that washes are non-hazardous.

Testing Parameters. Analytical criteria for decontamination will be the value of pH and flash point. The pH value of all washes must be in the range of pH 5 to pH 10. All flash point values must be greater than 140 degrees F. These values will be documented prior to removal and discharge of washes to the biological treatment system.

Analytical Methods. Parameters of pH and flash point will be determined in accordance with analytical methods outlined in "Test Methods for the Evaluation of Solid Waste: Physical/Chemical Methods", SW-846.

Certification. The drum storage area will be visually inspected by the Environmental Engineer and a Professional Engineer registered in the State of Arkansas. Laboratory analysis will be examined by the Laboratory Manager, the Environmental Engineer, and a Professional Engineer. Upon satisfaction by those parties that the drum storage area is clean and does not contain hazardous waste, the Professional Engineer will provide written certification to the company. A copy of the certification will be included with notice to the State of Arkansas that the storage area closure is complete within 60 days of completion of closure.

After final closure of the drum storage area, the area will be used to manage containerized, hazardous waste with less than 90 days of storage. A containerized waste management program will document containers placed in the area. A monthly inventory will be conducted and manifests/shipping records will indicate movement and disposal.

# Closure Cost Estimate

| T-B112 Storage Tank                                |            |
|--|------------|
| Tank Cleaning - 48 man hours @ \$15.00             | \$ 720.00  |
| Tank Dike Cleaning - 32 man-hours @ 15.00          | 480.00     |
| Wash Neutralization and disposal (on-site)         | 1000.00    |
| Third party supervision                            | 1200.00    |
| Laboratory Analysis                                | 1000.00    |
| Container Storage Area                             |            |
| Hazardous Waste Inventory disposal (off-site)      | 16000.00   |
| Concrete slab and pump cleaning - 72 hours @ 15.00 | 1080.00    |
| Third party supervision                            | 900.00     |
| Laboratory Analysis                                | 1000.00    |
| Certification                                      |            |
| Professional Engineering Services                  | 2500.00    |
|  | \$24980.00 |



Karen

## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

BOOI NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

CERTIFIED MAIL #P 291 319 027 RETURN RECEIPT REQUESTED

PHONE: (501) 562-7444

August 20, 1987

Mr. Joe Porter Environmental Engineer Cedar Chemical Corporation Post Office Box 2749 West Helena. Arkansas 72390

Dear Joe:

RE: Consent Administrative Order

The Department has received and reviewed your correspondence dated August 11, 1987 submitted pursuant to paragraph 4 of the Order.

The inspection plan and log sheets are generally very well developed and easy to interpret. However, the following items as required by 40 CFR 265.15 were omitted:

- 1. The inspection plan fails to address the safety and emergency equipment (such as fire extinguishers, eye wash, etc.).
- The inspection log fails to include space for documentation of the date and nature of repairs or remedial action.

The above deficiencies must be corrected to fulfill the requirements of paragraph 4 of the Order. Therefore, please resubmit, within thirty (30) days of the date of receipt of this notice of deficiency, an amended plan which corrects these omissions.

If you have any questions, please feel free to call.

Sincerely,

Karen Deere

Manager, Enforcement Branch Hazardous Waste Division

KD:1ms

cc: Phil Deisch, Chief Counsel, Legal Branch John Miles, Plant Manager, Cedar Chemical Corp. Sammy Bates, Hazardous Waste Inspector, HW Division Tech Neglo

- Difficulty in provide parameters for pre-11/19/80 waste (historic zaste characteria)

- We brait CAO > Cedar - 2-3 Whs

- address compleiance efforts

- pH control of proposil plant

- storage area

- so vol. to include old S, I,

Leave & Blank

July 7IT Report on old pond ->
possibly st inclusion in CAO

# CEDAR CHEMICAL CORPORATION

One Greentree Centre • Suite 201 • Mariton, NJ 08053 • 609-596-8488

RON CHEVES
VICE PRESIDENT

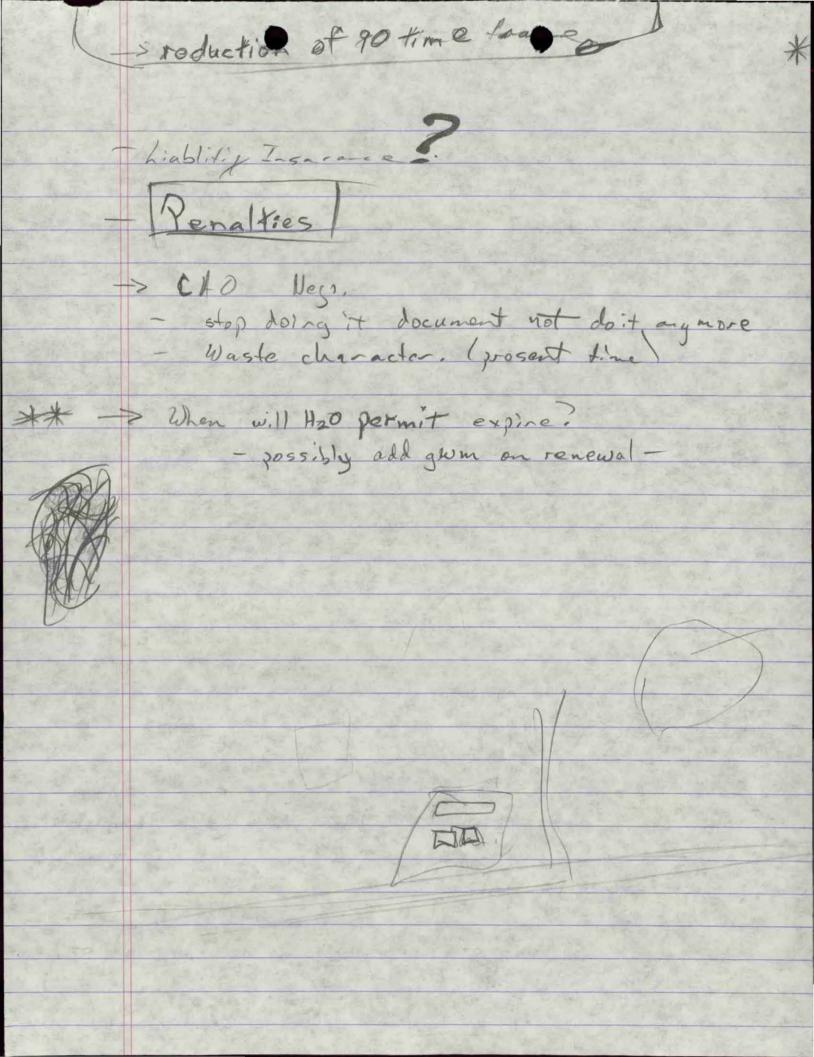
CORPORATE HEADQUARTERS

24th Floor • 5100 Poplar Avenue • Memphis, TN 38137 • 901-685-5348

Cedar Cham. PreMts Levier - 2/24/8> L+r Part A O-? Proposal for expansion include historical activities prior to Nov. 19, 1980? - Need explaination of changes made in Propanil plant Improved Impossion program > ADPENE review + approval Q - HW selemination -> submit for four files Part B O 10 - Monitoring should include activities prior to. 11/19/00 @ - gwm results win 15 days of receipt 10 - Need a schedule of activities for 0 gerial (Need Allow re: 7in. Ass (Linbility Insur)
if Waril propose CAD I frot NOV on Pandly

Verlac / Cedar Chem 1/6/87 Jeff Pratt, Joe Porter, Allen Malone Karen Overe, Bol B., Philde, Problem with sound from pone process

> propionic acid -> spelled expension regot Saline Saul 78 6 -> process malfagetion -> themocongler screw of - tried to adjust we constit - overcompensated on occasion " - neutralizing in receiving ressel ( - 1000 gallors) -> prior to going to ponds -> propose to . \*Dine, capaity of rec. vessel \*Departurels to prevent release of phyrollan to 51. Drumsstorage - Inspects for leaks + spills
- not sump + pump No mechanism under RORA for Notifying of upset Nov. 84 It > sit sand withdrawal would allow to GW wonitor wygrade -> has not been done to date



File

#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

MEMORANDUM

CSN: 5406 Permit No.

Media: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Misc.

TO: Bob Blanz, Ph.D., Deputy Director

THROUGH: John D. Ward, Chief, Hazardous Waste Division  ${\mathcal W}$ 

FROM: Mike Bates, Chief, Enforcement Branch, HW Division W 5

DATE: August 14, 1986

SUBJECT: Request for Case Referral

The Hazardous Waste Division (HWD) conducted a routine inspection at Vertac Chemical Corporation in West Helena on May 30, 1986. The inspection revealed several violations of the hazardous waste management regulations. The most significant relates to the equalization lagoon on-site utilized as part of the bilogical treatment system prior to wastewater discharge through a NPDES outfall.

The above referenced pond was formerly classified as a hazardous waste unit by Vertac in November of 1980. Vertac, in a letter dated November 1, 1984, stated that a re-evaluation of the status of the impoundment indicated it was not regulated as hazardous waste unit. Vertac subsequently submitted documentation that influent to the ponds exceeded the conditions to be considered hazardous on only one occasion. The Department responded to Vertac's November 1, 1984 letter on November 16, 1984 by withdrawing the impoundments from the RCRA regulated universe.

The inspection of May 30, 1986 revealed that Vertac had experienced thirteen (13) excursions into the hazardous waste range of pH values from the period between January 3, 1986 through April 18, 1986 for the influent to the ponds referenced above. Subsequent to the May 30th inspection, the HWD requested the influent monitoring logs for 1984 and 1985. Review of the 1984 and 1985 logs revealed five (5) excursions into the hazardous pH range between November 1984 and December 1985.

Based on the above information it is clear that Vertac/West Helena has added hazardous waste to their surface impoundments since the impoundment was removed from their interim status operating authority in November 1984. This being the case, Vertac/West Helena is once again considered to be a land disposal facility.

Prior to the removal of the surface impoundment from the system as a hazardous waste impoundment the Department attempted to conduct a comprehensive groundwater monitoring evaluation. The major finding of the evaluation (conducted August 1984) was that an adequacy determination could not be made due to the unavailability of hydrogeologic and well construction data. Vertac admitted that their groundwater monitoring plan was not in compliance in 1984 (see letter dated November 1, 1984 from Vertac to John Ward, ADPC&E).

Page Two Memorandum to Bob Blanz from Mike Bates Subject: Request for Case Referral - Vertac, West Helena August 14, 1986

The facility submitted their Part B application in 1984., The application was deemed substantially complete on January 29, 1985. The application is now awaiting technical review. Due to the facts stated above the Part B will have to have a major revision to include the surface impoundment.

Other vioaltions discovered during the May 30, 1986 inspection are as follows:

- 1. 40 CFR 265.31 Failure to maintain and operate the facility to minimize the possibility of any sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water which could threaten human health or the environment. This is evidenced by the drum storage area sump which was full and had overflowed and the associated sump pump was inoperative.
- 40 CFR 265.15 Inadequate inspection log and associated inspections and records.
- 3. 40 CFR 265.15 Failure to identify spills and conduct corrective action.
- 4. 40 CFR 262.11 Failure to identify waste as hazardous. This is evidenced by Vertac's failure to properly identify and handle the corrosive hazardous waste going into the surface impoundment.
- 5. 40 CFR 265 Failure to comply with interim status standards in regard to operation of the surface impoundment.
- Arkansas Hazardous Waste Management Act Section 5 Operation of a hazardous waste management facility without a permit.

Vertac should be required to bring the impoundment into compliance with the RCRA regulations, including groundwater monitoring requirements and also remedy the other violations.

The violations committed by Vertac are classified as High Priority. The proper enforcement response, therefore, is the issuance of a Notice of Violation (NOV). I have taken the liberty to draft a NOV which incorporates the Hazardous Waste Division's recommendations for corrective action and penalty. By this memorandum I am requesting that this case be referred to the Legal Section for finalization an issuance of the NOV.

Please advise if clarification or additional information is needed.

MB:1ms

Note: On multiple part questions, circle those not in compliance. Section A - EPA Identification NO. 1. Does Generator have EPA I.D. NO.? (262.12 - EPA I.D. No.) / Yes a. If yes, EPA I.D. No. ARD990660649 Section B - Hazardous Waste Determination 1. Does generator generate hazardous waste(s) listed in Subpart D (261.30 - 261.33 - List of Hazardous Waste) a. If yes, list wastes and quantities on attachment Yes (Include EPA Hazardous Waste No.) No (Provide waste name and description.) 2. Does generator generate solid waste(s) that exhibit hazardous characteristics? (corrosivity, (ignitability), reactivity, EP toxicity) (261.20 - 261.24 - Characteristics of Hazardous waste.) No a. If yes, list wastes and quantities on attachment. (Include EPA Hazardous Waste No.) (Provide waste name and description) Dee attachment Does generator determine characteristics by testing or by applying knowledge of processes? 1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? 2. If equivalent test methods used, attach copy of equivalent methods used. 3. Are there any other solid wastes deemed non-hazardous generated by generators? (i.e. process waste streams, collected matter from air pollution control equipment, water treatment sludge, etc.) a. If yes, did generator determine non-hazardous charcteristics by testing or knowledge of process? 1. If determined by testing, did generator use test methods in Part 261, Subpart C (or Equivalent)? 2. If equivalent test methods used, attach copy of equivalent methods used. b. List wastes and quantities deemed non-hazardous or processes from which non-hazardous wastes were produced. (Use narrative explanations sheet.)

4. Are any wastes recycled, reused or reclaimed on-site? \_\_\_\_\_ Yes \_/ No

If yes, use narrative to describe the type and quantity of the waste and the method used for reclamation.

Site Name: Lostac

I.D. Number: Lo. Al olera

ARD990660649

Yes No

| <ol><li>Are any wastes shipped off-site for reclamation</li></ol> | 5. | Are any | wastes | shipped | off-site | for | reclamation |
|---|----|---------|--------|---------|----------|-----|-------------|
|---|----|---------|--------|---------|----------|-----|-------------|

If yes, use narrative to describe the type and quantity of the waste and its destination. Also give a description of storage prior to shipment.

### Section C - Manifest

| 1.      | Does g<br>(Subpa   | enerator ship hazardous waste off-site?<br>rt B - The Manifest)  | /Yes  | No    |
|---------|--------------------|--|-------|-------|
|         | a. If              | no, do not fill out Section C and D.   |       |       |
|         | b. If              | yes, identify primary off-site facility(s). (Use rrative explanations sheet.)  |       |       |
| 2.      | Has gen<br>Novembe | nerator shipped hazardous waste off-site since er 19, 1980?  | / Yes | . No  |
| 3.      | Is gene            | erator exempted from regulation because of:  |       |       |
|         |                    | quantity generator (261.5 - Special requirements)  | Yes   | / No  |
|         | <u>OR</u>          |  |       | ,     |
|         |                    | es non-hazardous waste at this time<br>- Exclusions)   | Yes   | No    |
| 4. 1    | If not (262.20     | exempted does generator use manifest?<br>) - General requirements)   | / Yes | No    |
| ě       | inf                | yes, does manifest include the following formation (262.21 - Required information) reak up items or circle ones not on manifest) |       |       |
| Hea     | 1.                 | Manifest Document No.  | / Yes | No    |
|         | 2.                 | Generators Name, Mailing Address, Tele. No.  | / Yes | No    |
|         | 3.                 | Generator EPA I.D. No.   | Yes   | No    |
|         | 4.                 | Transporter(s) Name and EPA I.D. No.   | Yes   | No    |
|         | 5.                 | a. Facility Name, Address and EPA I.D. No.   |       | No    |
|         | 6.                 | DOT description of the waste   | Yes   | No    |
|         | 7.                 | a. Quantity (weight or volume) .b. Containers (type and number)  | Yes   | No No |
|         | 8.                 | Emergency Information (optional) (special handling instructions, Phone No.)  | Yes   | No    |
| Effecti | ve 9.              | Waste minimization certification   | Yes   | No    |

Site Name: Datas I.D. Number: DAGGERS ARD990660649

|    |           |                      |   |  | 11000         | 100- |
|----|-----------|----------------------|---|--|---------------|------|
|    |           | 9.                   | Is the following certiformanifest form?   | ication on each  | / Yes         | No   |
|    |           |                      | This is to certify that materials are properly of packaged, marked and lab per condition for transpathe applicable regulation of Transportation and the | classified, described,<br>beled and are in pro-<br>portation according to<br>ons of the Department |               |      |
| 5. | Do        | es genera            | or retain copies of mani  | fests?   | Yes           | No   |
|    | and<br>If | the type yes, comp   | lete a through e. If au   | violations were noted  | hacked,.      |      |
|    | a.        | insp                 | generator sign and date ected?  |  | Yes           | No   |
|    |           | (2) Who              | signed for generator? N   | Iame David Walker  | Title Utility |      |
|    | b.        | date                 | generator obtain handwri<br>of acceptance from init   | ial transporter?   |               | No   |
|    |           | (2) Who              | signed for transporter?   | Name Sherry Issue  | s Title Dr    | iyel |
|    | с.        | Does gen<br>generato | erator retain one copy or and transporter?  | f manifest signed by   | Yes           |      |
|    | d.        | Do retur<br>owner/op | ned copies of manifest in<br>erator signature and dat   | nclude facility<br>e of acceptance?  |               | No   |
|    | e.        | 45 days,             | of manifest from facility<br>did generator file an e<br>Exception reporting)  | y was not returned withi<br>xception report?   | n N/A         | No   |
|    |           | (1) If y<br>Legi     | es, did it contain the following the copy of manifest.  | ollowing information:  | h/A<br>       | No   |
|    |           | AND                  |   |  |               |      |
|    |           | Cove                 | letter explaining gener<br>e waste.   | rators efforts to  | h/A<br>Yes    | No   |
|    | f.        | Does (wil            | 1) generator retain copi  | es for 3 years?  | ✓ Yes ·       | No   |
|    |           |                      |   |  |               |      |

#### Section D - Pre-Transport Requirements

1. Does generator package waste?

If no, skip to question 9.
If yes, complete the following questions.

Inspect containers ready for immediate shipment. If there are no such containers, skip to question 8.

honeveady t

Site Name: LI.D. Number:

 Does generator package waste in accordance with 49 CFR 173 178, and 179? (DOT requirements) (262.30 - Packaging)

\_\_\_\_\_ Yes \_\_\_\_ No h/A

ARD8990660649

 Are containers to be shipped leaking or corroding or bulging?
 Use narrative explanations sheet to describe containers and condition.

\_\_\_\_ Yes \_\_\_\_ No h/A

4. Does the generator use DOT labeling requirements in accordance with 49 CFR 172 when containers are offered for shipment? (262.31 - Labeling)

Yes No h/k

5. Does the generator mark each package in accordance with 49 CFR 172 when containers are offered for shipment? (262.32 - Marking)

Yes Noh/K

6. a. Is each container of 110 gallons or less marked with the following label when containers are offered for shipment?

Yes \_\_\_\_\_\_ No | /4|

Label saying: <u>HAZARDOUS WASTE</u> - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.

Generator's Name and Address

A Company

Manifest Document Number

b. If other labels exist, list in narrative.

7. If there are any vehicles present on-site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet.

8. Satellite Accumulation (effective June 20, 1985)

a. Does the generator accumulate waste in containers at or near "satellite" generation points?

If no, skip to question 9.

If yes, complete the following.

Site Name: <u>Vertue</u>
1.D. Number: <u>15Helena</u>
ARD990660649

|    | b.  | Are containers in good condition?Yes No /  |
|----|-----|--|
|    | c.  | Is the waste compatible with the containers?Yes No   |
|    | d.  | Is waste transferred from leaking containers or otherwise managed to control leakage?  Yes Yes No  |
|    | e.  | Are containers closed?   |
|    | f.  | Are containers marked with the words "hazardous waste" or identification of the contents?  Yes No  |
|    | 9.  | Has waste accumulation exceeded one (1) quart of acutely hazardous waste (261.33 e.) or 55 gallons of other hazardous waste?  Yes No             |
|    |     | If yes,  |
|    |     | Has the container holding the excess amount been marked with the date the excess began accumulating?   |
|    |     | 2. Have excess amounts remained in the satellite accumulation area longer than three (3) days?  Yes No   |
| 9. | Acc | umulation Time (262.34 - Accumulation Time)  |
|    | а.  | Is the site a permitted/interim status storage facility? Yes No  |
|    |     | If yes, skip to Section E, and complete and attach the TSD checklist and appropriate supplemental checklists. If no, answer rest of question #9. |
|    | b.  | Is hazardous waste shipped offsite within 90 days?   |
|    | c.  | Is waste stored in containers or tanks?  |
|    | d.  | Is the beginning date of accumulation time clearly indicated on each container?  |
|    | e.  | Is each container or tank marked with the words "Hazardous Waste"?  YesNo  |
|    | f.  | Complete and attach the containers/tanks supple-   |

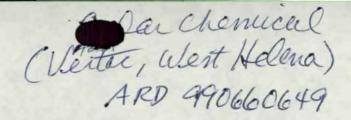
g. If generator accumulates waste on-site for less than 90 days, complete RCRA Generators Checklist Supple-

ment.

Site Name: Contain I.D. Number: La Relana ARD9906666649

# Section E - Recordkeeping and Reporting

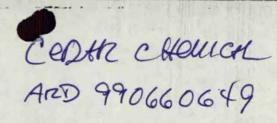
| 1. | <ul> <li>Is generator keeping the following reports for<br/>of three (3) years? (262.40 - Recordkeeping)</li> </ul>  | or a minimum               |
|----|--|----------------------------|
|    | a. Manifests and signed copies from designat   | ed facilities? Yes No      |
|    | <ul> <li>Biennial reports (or reports as required agencies)</li> </ul>   | by state YesNo             |
|    | c. Exception Reports   | Yes No                     |
|    | d. Test results, where applicable.   | Yes No                     |
| 2. | the fact that the state of the season  |                            |
| 3. | . Who is in charge of keeping the records? Nam   | e Joe Portentitie Environm |
|    | ection F - Special Condition   | Enginee                    |
| 1. | Has generator received from or transported to foreign source any hazardous waste? (262.50 International Shipments)   | Yes / No                   |
| If | yes,   |                            |
|    | <ul> <li>a. Has a note been filed with the R.A.?</li> <li>b. Is this waste manifested and signed by Foreign Consignee?</li> <li>c. If generator transported wastes out of the country has he received confirmation of delivered shipment?</li> </ul> | \ <u></u>                  |
|    | d. Has the generator filed an annual report ( of each year) giving the type, quantity, f destination of all exported hazardous wast (Per HSWA 1984)  | requency and               |
|    |  |                            |



## ARKANSAS HAZARDOUS WASTE MANAGEMENT FACILITY

Liability Insurance Coverage Checklist Failure to provide ADPC&E with evidence of sudden accidental occurrences. [40 CFR 265.147(a)/264.147(a)] Failure to provide ADPC&E with evidence of the required monetary amounts of coverage for sudden accidental occurrences. [40 CFR 265.147(a)/264.147(a)] Failure to provide ADPC&E with evidence of nonsudden accidental occurrences by: January 16, 1983 for facilities with annual sales or revenues of \$10 million or more; [40 CFR 265.147(b)(4)(i)/264.147(b)(4)(i)] January 16, 1984 for facilities with annual sales or revenues of \$5 million to \$10 million; [40 CFR 265.147(b)(4)(ii)/264.147(b)(4(ii)] January 16, 1985 for all other facilities. CFR 265.147(b) (4)(iii)/264.147(b)(4)(iii)] Failure of an interim status facility to submit to ADPC&E a letter by January 15, 1983 stating when nonsudden accidental coverage will be obtained. [40 CFR 265.147(b)(5)] Failure to provide ADPC&E with evidence of the required monetary amounts of coverage for nonsudden accidental occurences. [40 CFR 265.147(b)/264.147(b)] Failure to use the exact wording of the endorsement or certificate of liability as required by 40 CFR 265.147(a) (1)(i)/264.147(a)(1)(i) and/or 265.147(b)(1)(i)/264.147 (b)(1)(i). See attached form for exact wording. Failure to submit to ADPC&E the letter signed by the owner's or operator's chief financial officer. [40 CFR 265.147(f)(3)(i)/264.147(f)(3Xi)] Failure to submit to ADPC&E a copy of the independent certified public accountant's report. [40 CFR 265.147(f) (3)(ii)/264.147(f)(3)(ii)] Failure to submit to ADPC&E a special report from the owner's or operator's independent certified public accountant. [40 CFR 265.147(f)(3)(iii)/264.147(f)(3)(iii)] Failure to submit to ADPC&E updated financial test information within 90 days after the close of each succeeding fiscal year. [40 CFR 265.147(f)(5)/264.147(f)(5)] Other

> And Delicer 9-29-86



# FINANCIAL ASSURANCE CHECKLIST FOR CLOSURE/POST-CLOSURE CARE OF INTERIM STATUS FACILITIES

| •  | amount equal to the current cost estimates or as otherwise provided for closure/post-closure as required for:  |
|----|--|
|    | trust funds (40 CFR 265.143(a)(3)(i)/265.145(a)(3)(i)).  |
|    | surety bonds guaranteeing payment (40 CFR 265.143(b) (6)/265.145(b)(6)).   |
|    | letters of credit (40 CFR 265.143(c)(6)/265.145(c)(6)).  |
|    | insurance (40 CFR 265.143(d)(3)/265.145(d)(3)).  |
| 1  | financial test (40 CFR 265.143(e)(2)/265.145(e)(2)).   |
|    | multiple financial mechanisms (40 CFR 265.143(f)/<br>265.145(f)).  |
|    | a financial mechanism for multiple facilities (40 CFR 265.143(g)/265.145(g)).  |
| 2. | Failure to submit to ADPC&E updated:   |
|    | schedule A of the trust agreement within 60 days after an increase in the amount of the current closure/post-closure cost estimates (40 CFR 265.143(a)(2)/265.145 (a)(2)).   |
|    | financial assurance covering any increase in the closure/post-closure cost estimates within 60 days after the increase as required by:   |
|    | 40 CFR 265.143(b)(f)/265.145(b)(f).  |
|    | 40 CFR 265.143(c)(f)/265.145(c)(f).  |
|    | 40 CFR 265.143(d)(9)/265.145(d)(9).  |
|    | information demonstrating that the facility meets the financial test within 90 days after the close of each succeeding fiscal year (40 CFR 265.143(e)(5)/265.145 (e)(5)).  |
| 3. | Failure to make subsequent payments into the closure/post-<br>closure trust fund within 30 days after each anniversary date<br>of the first payment in accordance with 40 CFR 265.143(a)(3)<br>(ii)/265.145(a)(3)(ii). |
| 4. | Failure to adjust the closure/post-closure cost estimates in accordance with 40 CFR 265.142(b) and (c)/265.144(b) and (c).   |
| 5. | Failure to submit the following documentation using the exact wording as modified in accordance with Section 3(d) of the Arkansas Hazardous Waste Management Code for:   |
|    | trust agreements (40 CFR 265.143(a)(2)/265.145 (a)(2)). See attached form for correct wording.   |
|    | surety bonds guaranteeing payment (40 CFR 265.143 (b)(2)/265.145(b)(2)). See attached form for correct wording.  |

|   | letters of credit (40 CFR 265.143(c)(2)/265.145 (c)(2)). See attached form for correct wording.  |
|---|--|
|   | certificates of insurance (40 CFR 265.143(d)(2)/265.145(d)(2)). See attached form for correct wording.   |
|   | corporate guarantees (40 CFR 265.143(e)(10)/265.  145(e)(11)). See attached form for correct wording.  |
| 6 | Failure to submit the following elements of financial assurance mechanisms:  |
|   | formal certification of acknowledgement in conjunction with the trust agreement (40 CFR 265.143(a)(2)/265.145 (a)(2)).   |
|   | originally signed duplicate of the trust agreement in conjunction with the surety bond (40 CFR 265.143(b)(3)/265.145(b)(3)).   |
|   | originally signed duplicate of standby trust agreement in conjunction with the letter of credit (40 CFR 265. 143(c)(3)/265.145(c)(3)).   |
|   | letter from the owner or operator referring to the letter of credit (40 CFR 265.143(c)(4)/265.145(c)(4)).  |
|   | copy of the independent certified public accountant's report in conjunction with the financial test (40 CFR 265.143(e)(3)(ii)/265.145(e)(3)(ii)).  |
|   | a special report from the owner's or operator's inde-<br>pendent certified public accountant in conjunction with<br>the financial test (40 CFR 265.143(e)(3)(iii)/265.145(e)<br>(3)(iii)). |
|   | a corporate guarantee in conjunction with the financial test (40 CFR 265.143(e)(10)/265.145(e)(11)).   |
| 7 | Other  |



#### VERTAC CHEMICAL CORPORATION

24th Floor • 5100 Poplar • Memphis, TN 38137 • 901-767-6851

REPLY TO: P. O. BOX 2648

WEST HELENA, AR 72390

(501) 572-3701

CSN: 54-0060 Permit No. Media: Air, Water, Solid, Hazardous

Sort: Permit, Compliance, Legal, Misc.June 20, 1986

Karen Deere Arkansas Department of Pollution Control & Ecology 8001 National Drive - P.O. Box 9583 Little Rock, Ar. 72209

Re: Inspection Report Information

Dear Karen,

The log sheets requested are attached. If you need anything else please let me know. The pH excursions began in February 1986 when a set of thermo couple wires twisted, resulting in a distillation column running lot which in turn caused a loss of propionic acid. Column operation was erratic and inconsistent through the month of March and early April.

Our sampling represents only waste from our Propanil/Stam process. Due to a lack of business the only other water passing the sampling point consists of blowdown from boilers and cooling towers. The propionic acid wastestream is more concentrated now than in past years due to a switch from steam ejectors to a mechanical vacuum pump system.

We have instituted a regular, routine sampling program in our Propanil/Stam process to monitor the waste acid prior to release to the treatment system. Any material not meeting requirements will be treated prior to release. In addition, since our acid is more concentrated now (5 to 8%) recovery and recycle and may be economical.

Sincepely

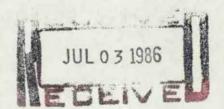
Joe E. Porter

**Environmental Engineer** 

cc: J. W. Shackelford

J. H. Miles

C. Pace



#### ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

#### MEMORANDUM

TO: Mike Bates, Chief, Enforcement Branch, HW Division W3

FROM : Karen Deere, Hazardous Waste Inspector, HW Division KD

DATE: 10-JUN-1986

SUBJECT : Vertac - West Helena

On May 30, 1986, I conducted a routine compliance evaluation inspection on Vertac - West Helena. I was accompanied by David Morrow, Sammy Bates and Blake Tolleson. The violations found are listed below:

- (1) The sump in the drum storage area was full of water due to an inoperable sump pump. There were signs of overflow from this area. This condition is a Class I violation of 40 CFR 265.31 as the facility has not been operated and maintained to minimize the possibility of a release of hazardous waste:
- (2) The facility inspection logs do not cover the inoperable sump pump in the drum storage area. Facility personnel are unsure how long this condition has existed. This omission is a Class I violation of 40 CFR 265.15 which requires that inspections identify malfunctions, deterioration and operator error which may lead to release of hazardous constituents to the environment.
- (3) The hazardous waste drum storage area was being used as a holding area for approximately 130 drums which had been gathered from around the plant site. The facility was in the process of analyzing the waste in these drums for hazardous waste characteristics. Two of these drums contained an oily waste which had overflowed onto the ground. This is a possible Class I violation of 40 CFR 265.31 for failure to maintain the facility so as to minimize the possibility of the release of a hazardous waste. The facility had also failed to clean up the spilled material which is a possible violation of 40 CFR 265.51.
- (4) The waste water treatment system on-site handles both process and sanitary waste streams. There are three lagoons associated with this system. In 1980, Vertac sought interim status for these impoundments as a selling point for their contract chemical business. On November 1, 1984, company officials stopped classifying the lagoons as hazardous due to the following rationale: (1) the lagoons had received hazardous waste only one (pH=1.8 SU), and (2) maintaining the hazardous

waste classification was not cost effective. In a letter dated November 16, 1984 the Department officially concurred with Vertac and the lagoons were withdrawn from the current Part A. The facility chemical laboratory monitors several parameters in the lagoons as a process control method, which includes testing the pH of the influent to the system. During 1986 the facility logged 13 days where the influent pH was either less than 2.0 or greater than 12.5 SW (D002). The low pH (<2) was attributed to a defective thermocouple in the propancic acid production process. However, the situation lasted from February 20 -April 8 and the Department received no notification of this "upset." The high pH (>12.5) can be attributed to two sources according to company officials: (1) boiler blowdown discharge which is not treated or tested before being pumped to the treatment system, and (2) the periodic over-neutralization of the propanoic acid waste stream with caustic soda which is also not tested before it becomes the influent to the treatment system. Facility personnel stated during 1984 and 1985 there were periodic high pH influent values, but no low values.

Log sheets for these years have been requested along with a description of the steps taken to identify and correct the problem causing low pH values in the influent. The facility also routinely discharges water from sumps and containment areas to the wastewater treatment system with only a visual inspection (no chemical analysis) which could contribute to the pH fluctuation of the influent. There is a groundwater monitoring system in place around the lagoons, but it does not meet RCRA requirements.

#### STATE OF ARKANSAS



#### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

June 10, 1986 Reo'd 6-11-86

Mr. Joe Porter Environmental Engineer Vertac Chemical Corporation P.O. Box 2648 West Helena, AR 72390

Dear Mr. Porter:

I am in the process of finalizing the inspection report pursuant to the May 30, 1986 site visit to your facility. I will need a copy of the items listed below so that my report may be completed.

- Influent (1) Log sheets for the Waste Water Treatment System's A Ahalytical Monitoring for 1984 and 1985.
- (2) A description of the steps taken to identify and correct cause for low pH process water going into the wastewater treatment system.

Please submit the above requested information within ten (10) days of receipt of this letter.

If you have any questions, please do not hesitate to call.

Sincerely,

Karen Deere

Hazardous Waste Inspector

Hazardous Waste Division

KD: jer

# ARKANSAS DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY LITTLE ROCK, ARKANSAS

#### \*\*COMPLAINT REPORT\*\*

| COMPLAINT NUMBER HW-067  | CSN NUMBER  |
|--|---|
| DATE INFORMATION RECEIVED 5-20-86                                |   |
| COMPLAINANT NAME Kenneth Cartt PH                                |   |
| ADDRESSRT 1 Box 106 B CITY Helena                                |   |
| NATURE OF COMPLAINT: 72342 WATER WATER                           |   |
| MUNICIPAL INDUSTRIAL   |   |
| DESCRIPTION IN DETAIL Notions odors coming                       | 1   |
| very strong the night of 5-19-86. Mr (                           |   |
| odors along highway 242 but only during                          |   |
| The odore been detected at his home.                             |   |
| unbeviable from late afternoon to al                             |   |
| to Joe Porter who said the odors wer                             |   |
| ponds. Mr. Cartt's wife became ill                               |   |
| LOCATION IN DETAIL Vertac Chemical Corp                          | /   |
| 2+2 West Helena.   | "   |
|  |   |
|  |   |
|  |   |
| HOW RECEIVED: PHONE X LETTER VER                                 | BAL   |
| PERSON RECEIVING REPORT M. Du Pfee                               |   |
| INSPECTOR SHOULD CONTACT Toe Porter Environs                     | mental Encine   |
|  |   |
| ADDRESS Highway 242 West Helena Pi<br>INSPECTOR REFERRED Deere D |   |
| 1/6616   | MANUAL COMMITTERS OF THE PARTY |

#### \*\*\*FOLLOW UP REPORT\*\*\*

| COMPLAINT NUMBER  | CSN NUMBER       |
|---|------------------|
| INSPECTOR Haven Doors   | DATE Que 86      |
| ACTION TAKEN  |                  |
| Looked over ronds   | while conducting |
| regular Ch E. Orgo  | winnin Dond      |
| had died isosulting   |                  |
| treatment of charità  |                  |
| wastenater . Pond   | Sale in the      |
|   | soded, which     |
| Till aliminate the  |                  |
|   |                  |
| a security of the second of the second  |                  |
| RANGE AND ADDRESS OF THE PARTY |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
| FURTHER ACTION TAKEN  |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
| INSPECTOF   | DARI             |

## RCRA INSPECTION

## SITE IDENTIFICATION

| E.P.A. ID #                     |                     | Date             |  |
|---------------------------------|---------------------|------------------|--|
| ARDADOPOLICO                    | 1049                | 30               | may 86   |
| Site Name                       |                     | Street (or ot    | her identifier)  |
| Destac Chemic                   | 2000                | Ballen           | 24 Structh   |
| City                            | State               | Zip Code         | County Name  |
| 1004 400                        | AD                  | 77396            | PI' ( i' a c   |
| Site Operator Information       | 1117                | 12310            | Thereps.   |
| Name                            |                     | Telephone Num    | her  |
|                                 |                     | 501-578          | Colors Colors Colors   |
| Street                          | City                | State            | *  |
| Street                          | City                | State            | Zip Code   |
| Site Description                |                     |                  |  |
| Site Description                | 1 + 1               | , 4              |  |
| 10 + 1                          | any actual          | ing, those       | ucide  |
| Type of Ownership               | 9                   |                  |  |
| Federal State                   | County              | Municipal        | Private  |
| State                           | county              | - Mainterpan     | Frivate  |
| Generator Transpor              | ter Treatm          | ment Storage     | Disposal   |
|                                 | L1-generator        |                  | Exempted   |
|                                 | SPECTION INFORMATI  | ON               |  |
|                                 | ISPECTION INFORMATI | .014             |  |
| Principal Inspector Information |                     | 1                |  |
| Name                            | H===. 1             | Title            | eluspecton   |
| Karenh Jeare                    | nervice             |                  |  |
| Organization                    |                     | Tejephone No. (a |  |
| ADPOIL                          |                     | 150115           | 62-7444  |
| Inspection Participants         |                     | al Engine        | 12 1   |
|                                 | nont                | al chighre       | er-Vertac  |
| David Marrow                    | - HOPCE             | 5                |  |
| Blake Galleson                  | - ADAC              | 3                |  |
| Danney Bates - P                | ABPCIE              |                  |  |
|                                 |                     |                  |  |
|                                 |                     |                  | The second secon |

# Destac - W. Alena ARD990660649 Glenerator's Checklist

- Dec B. 1. FOO 5 Dacility reported this material as Dool on Biennial Report, However, this waste contains more than 10% toluene. Dacility generated 8957 tons of Mariste in 1985 Perhich was shipped to Chemical Resources in Gulsa, OK and Subraltar Chemical Resources in Gulsa, OK and TX for deep well injection.
  - 2. Dool Crypermothin production houste facility generated 4213 tons of this Waterial In 1985; houste has shipped to Chemical Resources in Thisa, ok and Slibratton Chemical Resources in University University or deep wellingistion

1001 - Lerosene Massed polymer weste; facility generated 12,240, pounds in 1985; waste was shipped to CECOS/ BFI in Livingston, LA for landfilling

3. Peroparoic acid production herste is heutralized in process and discharged into wastewater treatment system. I Facility generates approx 75,000 gais/yr. Approximately Models of brothers produced per product brother.

Dertac - W. Helena ARD990660649 Durface elmpoundments The facility has a wastewater treatment system on-site which handles frothe process and sanitary wastes. There are three lagorns associated with this system. Dertac had ariginally asked for interim status for these impoundments in case they would had this capability for their contract manufacturing drusines On Nov 1, 1984, company officials
estopped classifying the lagours as as hazquedques because, (1) they had their used the lagoons for lagardous house only once (BH = 1.850) and (2) main-taining the hazardous waste classification was not cost affective, ele a letter dated November 16, 1984, Dick Duinn Officially buthdress the Lagours from Destacs Part A. There were no conditions to this charge in classifiattached one 13 copies of laboratory logisheets for the livesteubler treatment

system. The dates span fan 3 to
april 18, 1986 with each logislaving
consimplient pH either less than 2.00
con greater than 12.5. For logis which
show a pH range, this represents
the hijimum and maximum balues
taken that day. The pH of the
jinducat on the day of the inspection was 7.53 SD.

There is a groundwater, monitoring system in place around the limit, I however, this system does not heet RCPA requirements.

thermocouple had gone out in the propanoic acid process which caused the lack of acid removal from process water, resulting in a law pH. The problem was traced, to the tournocomple in Mid-April, The light pH balues can be traced to two points (1) looper blowdown which has been been not reatment of propanoic acid waste water which is not testing until it becomes the influent.

Log sheets are available for 1984-85 which show occasional high pH but reportedly, no low pH.

# RCRA COMPLIANCE INSPECTION REPORT TSD FACILITIES CHECKLIST

# Section A - General Facility Standards

| •   | fication Number) Yes No   |
|-----|---|
|     | A. If yes, EPA I.D. No. ARD990660649  |
| 2.  | Has facility received hazardous waste from a foreign source? (265.12 - Required notices)YesNo   |
|     | A. If yes, has he filed a notice with the Reg. Admin  |
| 3.  | reclamation?  |
|     | If yes, describe waste type and amount and method to be used.   |
| Was | ste Analysis  |
| 4.  | Has the owner/operator obtained detailed chemical and physical analyses of representative samples of all hazardous wastes prior to treating storing or disposing of those wastes?                                     |
|     | If yes,   |
|     | a. Have the analyses been repeated as the processes or operations generating the wastes change?  Yes No   |
|     |   |
|     | b. For off-site facilities are analyses repeated when the waste received<br>does not match the waste identified on the accompanying manifest?   |
|     | YesNo   |
| 5.  | For off-site facilities, is each shipment of hazardous waste received at the facility inspected and if necessary, analyzed to determine if it corresponds to the waste listed on the accompanying manifest?  YesNoh./ |
| 6.  | Does the facility have a written waste analysis plan?  (265.13 - General Waste Analysis)  |
|     | a. If yes, is a copy maintained at the facility?  |
| 7.  | Does the waste analysis plan include the following:   |
|     | a. Parameters for which each waste will be analyzed and the rationale for selection of these parameters?  Yes No  |
|     | b. Test methods used to test for these parameters? Yes No   |
|     |   |

| 1  | ı                  | 2   | Site Name: Destone I.D. Number: W. Alexander ARD996660649 |
|----|--------------------|---|---|
|    | с.                 | Sampling method used to obtain a representative sample?   | Yes No  |
|    | e. (               | requency with which the initial analysis will be reviewed or repeated?  1. If yes, does it include requirements to re-test when the process or operation generating the waste has changed? Once / year or have for off-site facilities) Waste analyses that generators have agreed to supply? | Yes No  |
|    |                    | For off-site facilities) Procedures which are used to nspect and analyze each shipment of hazardous waste eccived at the facility, including:   | res no  |
|    |                    | <ol> <li>Procedures to be used to determine the identity<br/>of each movement of waste?</li> </ol>  | - Yes No h/A  |
|    |                    | 2. Sampling method to be used to obtain representative<br>sample of the waste to be identified?   | Yes No h /A   |
| 8. | li vesto<br>(265.1 | the facility provide adequate security to minimize ssibility for the unauthorized entry of persons or ock onto the active portions of the facility?  4 - Security)  describe the situation at the facility, document the facility and (2)   |   |
|    |                    | (1) and (2).  | acility's exemption                                       |
|    |                    | exempt, is security provided through:   |   |
|    | te                 | 4-hour surveillance system which continuously monitors and controls entry onto the active portion? (e.g. elevision monitoring or guards).   | ✓ Yes No  |
|    | <u>OR</u>          | artificial or natural barrier completely surrounding  |   |
|    | b. 1.              | Artificial or natural barrier completely surrounding active portion? (e.g. fence or fence and cliff)?   | the Yes No  |
|    |                    | Describe type of security   |   |
|    |                    | AND   |   |
|    | 2.                 | Means to control entry at all times, through the gate entrances to the active portion (attendant, televisio entrance, controlled roadway access)?   | s or other<br>n monitors, locked<br>Yes No                |
|    |                    | Describe type of security. Quaid  |   |
|    |                    | Include a drawing indicating any inadequacies in the security system.   | facility's  |

| Site | Name:   | Lest | CA    |    |
|------|---------|------|-------|----|
| I.D. | Number: | 101  | Placo | ha |
| ARC  | 10000   | 200  | 1049  |    |

| C        | Is a sign with the legend, "Danger-Unauthorized Person posted at the entrance and at other locations in suffice be seen from any approach to the active portion? (265)  | ficient numb   | ers to<br>ity) |
|----------|---|----------------|----------------|
| Is       | it written in English and legible from at least 25 feet?  | Yes            | No             |
| ar<br>Me | TE: The sign must be written in any other language predomine surrounding the facility (e.g. In New Mexico and Texas as exico, the sign must be in Spanish).  existing sign with a legend other than "Danger-Unauthorized but," what does that legend say? | areas border   |                |
| Genera   | 1 Inspection Requirements   |                |                |
| 9. a.    |   | hedule?<br>Yes | No             |
|          | If yes, does it contain at least schedules for inspecting   | g the follow   | ing:           |
|          | 1. Monitoring equipment? (If applicable)  | Yes            | NO N/A         |
|          | 2. Safety and emergency equipment?  | Yes            | No             |
|          | 3. Security devices?  |                | No             |
|          | 4. Operating and structural equipment (if applicable)   | Yes            | No             |
| b.       | Does the schedule or plan identify the types of problems to be looked for during inspection?  | Yes _          | No             |
|          | <ol> <li>Malfunction or deterioration (e.g. inoperative<br/>sump pump, leaking fitting, eroding dike,<br/>corroded pipes or tanks, etc.)</li> </ol>   | /Yes           | No             |
|          | 2. Operator error   | Yes            | No             |
|          | <ol> <li>Discharges (e.g. leaks from valves or pipes<br/>joint breaks, etc.)</li> </ol>   | /yés           | No             |
|          | . Is the schedule maintained at the facility?   | Yes            | No             |
|          | Are these inspections conducted?  | Yes            | No             |
|          | bes the owner/operator have an inspection log?  | /              | Na             |
| (2       | 265.15 - General Inspection Requirements)   | res            | No             |
|          | a. If yes, does it include:   | 1              |                |
|          | <ol> <li>Date and time of inspection?</li> <li>Name of inspector?</li> </ol>  | Yes            | No<br>No       |
|          | 3. Notation of observations?  | Vyes           | No             |
|          | 4. Date and nature of repairs or remedial action?   | V Yes _        | No             |

| - | Sita | Name:   | 7     | + 0  |      |
|---|------|---------|-------|------|------|
|   | SILE | Maille. | uer   | Toll |      |
|   | I.D. | Number  | :1:   | Hale |      |
|   | DDI  | 1991-   | 127.5 | Lig  | suc. |

|      | b.    | Are there any malfunctions or other deficiencies noted in inspection log that remain uncorrected? (Use narrative explanation sheet).   | the Yes ***         | No       |
|------|-------|--|---------------------|----------|
|      | c.    | Are records of the inspection log maintained at the facility for three (3) years?  | Yes N               | lo       |
| Per  | sonne | l Training   |                     |          |
| 11.  |       | facility personnel successfully completed a program of cl<br>he-job training?  | assroom or<br>Yes   | _No      |
|      | a.    | Does the training program include instructions in the fol  | lowing:             |          |
|      | (1)   | procedures for using, inspecting, repairing and replacing emergency and monitoring equipment   |                     | No No    |
|      | (2)   | key parameters for automatic waste feed cut-off systems  | Yes                 | Noh-     |
|      | (3)   | operation of communication or alarm systems  | Yes_ ·              | No       |
|      | (4)   | response to fires, explosions and groundwater contaminati  | on incidents<br>Yes | No.      |
|      | (5)   | shutdown of operations   | Yes                 | _No      |
|      | (6)   | general hazardous waste management procedures  | / Yes               | _No      |
|      | b.    | Is the program directed by a person trained in hazardous management procedures?  | waste Yes           | _No      |
|      | c.    | Have personnel completed annual training reviews?  | Yes                 | _No      |
|      | d.    | Does the owner/operator maintain the following documents:  |                     |          |
|      | (1)   | job title, job description and name of employee for each the facility related to hazardous waste management  | position at Yes     | _No      |
|      | (2)   | written description of the type and amount of both introducentinuing training  | ductory and Yes     | _No      |
|      | (3)   | written documentation that the training has been complete personnel  | ed by facilit       | y<br>_No |
| Requ | uirem | ents for Ignitable, Reactive or Incompatible Waste   |                     |          |
| 12.  | (265  | facility handle ignitable or reactive wastes?<br>.17 - Ignitable, Reactive, Incompatible Wastes)<br>rcle appropriate type(s) of waste(s).  |                     | _No      |
|      | a.    | If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant heat? | Yes                 | No       |

| *   |         | 5,   | Site Name: Destac       |
|-----|---------|--|-------------------------|
|     |         |  | I.D. Number: Lo. Relone |
|     |         |  | ARD990660649            |
|     | 1       |  | HICS 110660649          |
|     |         |  | /                       |
| D.  |         | moking and open flame confined to specifically nated locations?                                      | /                       |
|     | desig   | mated locations:   |                         |
| c.  | Are "   | No Smoking" signs posted in hazardous areas where  | Yes No                  |
|     | ignit   | able or reactive wastes are handled?   |                         |
|     |         |  |                         |
| d.  | Is w    | aste handled in a manner which generates extreme heat, p   | ressure,                |
|     | Phyl    | ent reaction, toxic fumes or other dangers to human heal ronment?                                    |                         |
|     | CIIVI   | Totalence:   | YesNo                   |
| Sec | ction   | B - Preparedness and Prevention  |                         |
| 1   | W. Land |  |                         |
| 1.  |         | here evidence of fire, explosion or contamination of   | ,                       |
|     |         | environment? (265.31 - Maintenance and operation of lity)  | /                       |
|     | Taci    | iity)  | No                      |
| If  | yes,    | use narrative explanations sheet to explain.   |                         |
|     |         | Die attrahment   |                         |
| 2.  | Is t    | he facility equipped with (265.32 - Required equipment)  |                         |
|     |         | Internal communications on alarm suctor  | 1                       |
|     | a.      | <pre>Internal communications or alarm system 1. Is it easily accessible in case of emergency?</pre>  | Yes No                  |
|     |         | 1. 13 To castly accessione in case of emergency:   | - resNO                 |
|     | b.      | Telephone or two-way radio to call emergency   | ,                       |
|     |         | response personnel   |                         |
|     |         | Destable fire aution interest fire control   |                         |
|     | c.      | Portable fire extinguishers, fire control equip-<br>ment spill control equipment and decontamination | ,                       |
|     |         | equipment?   | Yes No                  |
|     |         |  |                         |
|     |         | <ol> <li>Is this equipment tested to assure its</li> </ol>   | /                       |
|     |         | proper operation?  |                         |
|     | . 4     | Water of adequate volume for hoses, sprinklers or  |                         |
|     | u.      | water spray system   | Ves No                  |
|     |         | water spray system  City of W. Heleno  | = trant at plant        |
|     |         | 1. Describe source of water lity of Alebana-   | while shoant            |
|     |         |  |                         |
|     |         | 2. Indicate flow rate and/or pressure and storage  | - 06                    |
|     |         | capacity, if available. storage - 500,00   | o gallans               |
|     |         | un undustrial park,  | OV.                     |
| 3.  | Is t    | here sufficient aisle space to allow unobstructed  | 1 20                    |
|     |         | ment of personnel and emergency equipment?(265.35-   | 1050                    |
|     | Requ    | ired Aisle Space)  | V YesNo                 |
| 4.  | Has     | the owner/operator made arrangements with the local  |                         |
|     |         | orities to familiarize them with characteristics of  |                         |
|     |         | facility? (layout of facility, properties of hazard-   |                         |
|     | ous     | waste handled and associated hazards, places where   |                         |
|     |         | lity personnel would normally be working, entrances  |                         |
|     |         | oads inside facility, possible evacuation routes.)   | /                       |
|     | (200    | .37 - Arrangements with local authorities)   | V Yes No                |

If no, has the owner/operator attempted to make such arrangements?

\_\_\_Yes\_\_\_No-h/A

Site Name: Dostac I.D. Number: 10. Holos ARD990660649

|     | department might respond, is there a designated primary authority? (265.37 - Arrangements with local authorities)  If yes, indicate primary authority   | ∠ Yes . | No             |
|-----|---|---------|----------------|
|     | a. Is the fire department a city or volunteer fire department?  |         |                |
| 6.  | Does the owner/operator have phone numbers of and agreements with State emergency response teams, emergency response contractors and equipment suppliers?   | ✓ Yes   | No             |
|     | Are they readily available to the emergency coordinator (265.37 - Arrangements with local authorities)  |         | No             |
| 7.  | Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from fires, explosions, or releases at the facility? If no, has the owner/operator attempted to do this? (265.37 - Arrangements with local authorities) | Yes Yes | No No          |
| 8.  | If the State, or local authorities decline to enter into<br>the above referenced agreements, has this situation been<br>entered in the operating record? (265.37 - Arrangements<br>with local authorities)  | Yes     | KP.2-8         |
| Sec | tion C - Contingency Plan and Emergency Procedures  |         | <b>E</b> lleri |
| 1.  | (265.52 Content of Contingency Plan)  | ✓ Yes _ | No             |
|     | a. If yes, does it contain:   |         |                |
|     | <ol> <li>actions to be taken in response to emergencies?</li> <li>description of arrangements with police, fire and hospital officials?</li> </ol>  | Yes _   | No             |
|     | 3. list of names, addresses, phone numbers of per-  | Yes _   | No             |
|     | sons qualified to act as emergency coordinator? 4. list, including the location and physical desciption of all emergency courts and physical desciption of all emergency courts and physical desciption.  |         | No             |
|     | tion of all emergency equipment 5. evacuation plan for facility personnel including signals, primary and alternate routes?  | Yes -   | No             |
| 2.  | Is a copy of the contingency plan maintained at the faci (265.53 - copies of contingency plan)  |         | No             |
| 3.  | Has a copy been supplied local police, fire depts., and hospitals? (265.53 - Copies of contingency plan)  | ✓ Yes   | No             |
| 4.  | Has the contingency plan been updated and amended as necessary?   | / Yes   | No No          |
|     |   |         |                |

|            |  | Site Name: Destac<br>I.D. Number: Wildelena<br>ARD990660649 |
|------------|--|---|
|            | Is the plan a revised SPCC Plan? (265.52 - content of contingency plan)  | / ٧٥٠   |
| 6.         | Is there an emergency coordinator on-site or within short driving distance of the plant at all times   | No No   |
|            | If yes, list primary emergency coordinator: Joe Pa   | orter   |
| Se         | ction D - Manifest System  |   |
| 1.         | Has facility received hazardous waste from off-site since November 19, 1980? (265.71 - Use of manifest system)   | Yes NOKES   |
|            | a. If no, questions 1, 2, 3 and 4 are not applicable.  | 3.7   |
|            | b. If yes, does the facility retain copies of all<br>manifests for at least three (3) years?   | Yes No \ / 12   |
|            | 1. Are the manifests signed and dated and<br>returned to the generator?  | Yes No 1/A  |
|            | 2. Is a signed copy given to the transporter?  | Yes No \alpha /A  |
| 2.         | Has the facility received any hazardous waste from a rail or water (bulk shipment) transporter since Nov. 19, 1980? (265.71 - Use of manifest system)            | YesNo 1.//-\  |
|            | a. If yes, is it accompanied by a shipping paper   | Yes No 14/4   |
|            | <ol> <li>Does the owner/operator sign and date the<br/>shipping paper and return a copy to the<br/>generator?</li> </ol>   | YesNo  \-/ 4  |
|            | 2. Is a signed copy given to the transporter?  | YesNo/A   |
| 3.         | Has the facility received any shipments of hazardous waste since November 19, 1980, which were inconsistent with the manifest? (265.72 - Manifest discrepancies) |   |
|            | a. If yes, has he resolved the discrepancy<br>with the generator and transporter within 15 days?   | Yes No   / -  |
|            | <ol> <li>If no, has Regional Administrator been notified<br/>in writing?</li> </ol>  | Yes No   /  |
| 4.         | Has the facility received any waste (that does not come under the small generator exclusion) not accompanied by a manifest? (265.76 - Unmanifested waste report) | Yes No   / / \  |
|            | a. If yes, has he submitted an unmanifested waste report<br>to the Regional Administrator within 15 days?  | Yes No   \/A  |
| Sect<br>1. | tion E - Record Keeping and Reporting  Does the facility have a written operating record?  (265.73 - Operating record)   |   |
|            | a. Is a copy maintained at the facility?   | Yes No  |

| 1.     | b. Does  | the record include   |            |      |
|--------|----------|--|------------|------|
|        | 1.       | Description and quantity of each hazardous waste and the methods and dates of its treatment, storage or disposal at the facility         | Yes        | _ No |
|        | 2.       | Location and quantity of each hazardous waste at each location   |            | _ No |
|        |          | a. Is this information cross-referenced with<br>specific manifest document numbers, if<br>applicable?                                    | WK Yes     | No   |
|        | 3.       | (for disposal facilities only) Location and quantity of each hazardous waste recorded on a map or diagram of each cell or disposal area? | Yes        | _ No |
|        | 4.       | Record and results of waste analyses   | Yes        | _ No |
|        | 5.       | Reports of incidents involving implementation of the contingency plan (If applicable)  | Yes        | _ No |
|        | 6.       | Records and results of required inspections  | Yes        | _ No |
|        | 7.       | Monitoring, testing or analytical data where required  |            | _ N  |
|        | 8.       | Closure cost estimates and for disposal facili-<br>ties, post-closure cost estimates   | Vyes _     | _ No |
| 2. Ha  | s the o  | wner/operator submitted biennial reports as required?  | Yes        | _ No |
| Sectio | n F - P  | lans and Reports   |            |      |
| /0     | r been i | plans and reports been visually inspected and made available for inspection? (265.74 - Availa-etention and disposition of records)       |            | _ N  |
|        |          | d/or reports not made available for inspection. If red not made available for inspection, explain.                                       | eports are |      |
|        |          | $\kappa/A$   |            |      |
| Territ |          |  |            |      |
|        | THE .    |  |            |      |
|        | d opera  | tor provide inspector with a drawing of the  | Yes No     |      |
| , ,    |          |  | _ 103 110  |      |

a. If yes, please indicate which are hazardous waste facilities on the drawing. Linducked in Part B

Site Name: Destac I.D. Number: Destac ARD990660649

| Indicate Types of hazardous waste facilities. |
|---|
| Containers                                    |
| // Tanks                                      |
| Surface Impoundments                          |
| Waste Piles                                   |
| Land Treatment                                |
| Landfill                                      |
| Incinerator                                   |
| Thermal Treatment                             |
| Chemical, Physical and Biological Treatment   |
| Groundwater Monitoring Program                |

# Dertac-W. Helena ARD 99 Oblo 0649

Sec A. 10. Gacility inspection log covers drum istorage arga, A overer, there is ho mention of the sump at this area. The pump pump his not aparational and has hot been for an undetermined amount of time. The pump was full of liveter which had overflowed fluto the drainage area serviced by the wasterweiter theatment system. No mention conceptor 15.85 was made of this situation on the inspection loss hazardous waste Sec B. 1. The ground detween the Adrum isterage area and product storage area is discolored by diritio. but & phenol, a yellow solid which hos manufactured by the previous Porter istated the previous owners had buried the moterial or site. Three dreims were dug up during construction activity,

1-52

|         |          |            |          | 2000 |  |
|---------|----------|------------|----------|------|--|
| UTILITY | OPERATOR | INSPECTION | LOGSHEET |      |  |

| Time       |  |
|------------|--|
| The second |  |

Operator \_\_\_\_

| LOCATION           | Checkpoint              | Remarks     | Time |
|--------------------|-------------------------|-------------|------|
| Lab Sump           | % full                  |             |      |
| 202 001111         | Pump OK?                |             |      |
| Fermethrin/        | % full                  |             |      |
| Propenil Sump      | Pump DK?                |             |      |
| BSC Sump           | % full                  |             |      |
|                    | Pump OK?                |             |      |
| Lannate Sump       | % full                  |             |      |
|                    | Pump DK?                |             |      |
| DRA Sump           | % full                  | Latenta 7 - |      |
| Tank Dikes         | Cells full?             |             |      |
|                    | Leaks/spills?           | ANT CO.     |      |
| Railcars           | Leaks/spills?           |             |      |
| Frocess Areas      | Leaks?                  |             |      |
| Warehouses         | Spills?                 |             |      |
| Drum storase       | leaks/spills?           |             |      |
| Stormwater ditches | % full                  |             |      |
| Stormwater outfall | discharse valve open?   |             |      |
|                    | time opened             |             |      |
|                    | meter reading           |             |      |
|                    | time closed             |             |      |
|                    | meter reading           |             |      |
| Treatment Ponds    | Equalization pond level |             |      |
|                    | Bio pond level          |             |      |
|                    | Polish pond level       |             |      |
|                    | Aerators on and OK?     |             |      |
|                    | Odors?                  |             |      |
| AFI Separator      | Leaks?                  |             |      |
|                    | Meter reading           |             |      |
|                    | FH                      |             |      |
| fume House         | Leaks/spills?           |             |      |
|                    | FE-106 - % flow         |             |      |
|                    | PE-107 - % flow         |             |      |
|                    | FE-108 - % flow         |             |      |
|                    | Blower oil level        |             |      |
| North clarifier    | On and OK?              |             |      |
| South clarifier    | On and OK?              |             |      |
| River pumps        | On and OK?              |             |      |
|                    | % flow                  |             |      |
|                    | Meter reading           |             |      |
| Firelines          | Leaks?                  |             |      |
| T-008              | level - sallons         |             |      |

NOTES:

Destac-Liest Flelen ARD990660649

# (Subpart I - Use and Management of Containers 265.170)

| 1.  | Does the facility store hazardous waste in containers?  | _/   | Yes _ |           | No |    |
|-----|---|------|-------|-----------|----|----|
|     | If no, do not complete this form.   |      |       |           |    |    |
| 2.  | Are the containers in good condition? (check for leaks, corrosion, bulges, etc.)  |      | /     | Yes       |    | No |
|     | If no, explain in narrative and document with photograph  | 1.   |       |           |    |    |
| 3.  | If a container is found to be leaking, does the operator transfer the hazardous waste from the leaking container?               | /    | Yes _ |           | No |    |
| 4.  | Is the waste compatible with the containers and/or its liner?   | /    | Yes _ |           | No |    |
|     | If no, explain in narrative.  |      | 1     |           |    |    |
| 5.  | Are the stored containers closed?   |      | /     | Yes       |    | No |
|     | If no, explain in narrative.  |      |       |           |    |    |
| 6.  | Are containers holding hazardous waste opened, handled or stored in such a manner as to cause the container to rupture or leak? | 1    | 13.8  | le<br>Yes | /  | No |
|     | If yes, explain in narrative.   |      |       | 3         |    |    |
| 7.  | Are each of the containers inspected at least weekly?   | /    | es _  |           | No |    |
|     | If no, explain in the narrative the frequency of inspect  | ion. |       |           |    |    |
| 8.  | Are containers holding ignitible or reactive wastes located at least 15 meters (50 feet) from the facility property line?       | /,   | res _ |           | No |    |
|     | If no, explain in narrative and document with photograph  | •    |       |           |    |    |
| 9.  | Are incompatible wastes stored in the same containers?  |      |       | Yes       | /  | No |
|     | If yes, explain in narrative.   |      |       |           |    |    |
| 10. | Are containers holding incompatible wastes kept apart by physical barrier or sufficient distance?                               |      | 1.    | res_      | -  | No |
|     | If no, explain in narrative.  |      |       |           |    |    |

Dertoie-Lo. Aslena ARD990660649 Container Storage

Container storage area held four drums of DOO! Razardous waste at the time of inspection. all four drums here labelled and in good Condition.

There were also approximately 130 drums of various waste being stored inthis area until analysed. The of these drums contained an oily liquid which was standing on top of the drums and had crefloured porto the ground. The containment for this area is a sump whose area limits the maximum storage capacity to 96 drums.

Os previously hentioned the pump which drains this sump has been impreable for any undetermined amount of time. Water has overflowed unto a drain-age ditch.

Normal operating procedures require only a visual inspection of sump

water before clischarging into the wasternature treatment system. The Container Section of the Part B bays that set of the Compatible little will be discharged and how-compatible water will be dramped as hosardous haster However, the facility does hat supplain how compatibility will be determined.

Site Name: Dertac 1.D. Number: D. Alekero ARA990660649

# Subpart J - Tanks (265.190)

NOTE: If multiple tanks exist, list each tank and specify compliance or non-compliance. Complete an individual checklist for each tank not in compliance and a collective checklist for those in compliance.

| 1. | Are there any tanks which are not being used which the facility no longer plans to use?  Yes No  |   |
|----|--|---|
|    | a. If yes, has all hazardous waste and hazardous waste residue been removed from these tanks, discharge control equipment, and discharge confinement structures?  Yes No P |   |
| 2. | Are tanks presently used to treat or store waste? Yes No   |   |
|    | <ul><li>a. If no, do not complete rest of form.</li><li>b. If yes, check tanks.</li></ul>  |   |
| 3. | Is there evidence that wastes placed in the tank are incompatible with the tank or liner?  Yes No  |   |
|    | NOTE: Any evidence of ruptures, leaks or corrosion. (Use narrative explanations sheet.)  |   |
| ١. | Are there any uncovered tanks?   |   |
|    | a. If no, do not complete 4be. b. If yes, do they have 2 feet (60cm) freeboard?  — Yes No  |   |
|    | c. A containment structure? (e.g. dike or trench) or d. A drainage control system?  or  Yes  No No   |   |
|    | e. A diversion structure? (e.g. standby tank)  Yes No  |   |
|    | . (NOTE: The structure in c, d or e must have a capacity that equals or exceeds the volume of the top 2 feet (60 cm) of the tank.)   |   |
| f  | the answers to 4be. are "no", explain current conditions using rative sheets.  |   |
|    | Are any of the tanks continuous feed?YesNo   |   |
|    | a. If yes, is it equipped with a means to stop inflow (e.g. waste feed cutoff or by-pass to a stand-by tank)?  | - |
|    |  |   |

Site Name: Destac I.D. Number: D. deles ARD99 Obbolo49

### Waste Analysis and Trial Tests

Misual analysis daily

littasound testing annual

| 6. | a.           | Has the tank been used to treat or store a hazardous waste su different from the waste previously treated or stored in the   | bstantially tank? |              |
|----|--------------|--|-------------------|--------------|
|    | <u>OR</u>    | See attachment 10/3  | V.Yes #           | E No         |
|    | b.           | Has a chemical treatment process been used in the tank which different than any previously used in the tank?   |                   | tjally<br>No |
|    |              | a. or b. is yes,   |                   |              |
|    | 1.<br>OR     | Were waste analyses and trial treatment or storage tests cond the change?  | lucted prior      | to KBS       |
|    | <u>OR</u> 2. | Was written, documented information obtained on similar stora of similar wastes under similar conditions?  |                   | 140-0        |
| In | spect        | <u>ions</u>  | Yes               | No live      |
| 7. | Does         | the owner/operator inspect the following at least daily, re present?   | Yes _             | _ No         |
|    | (Ind         | licate which items are present in 7 and 8.)  |                   |              |
|    | a.           | Discharge control equipment (e.g. waste feed cut-off, by pas and/or drainage systems)?   | s /Yes            | No           |
|    | b.<br>c.     | Monitoring equipment (e.g. pressure and temperature gages)?<br>Level of waste in each uncovered tank?  | Yes Yes           | No.          |
| 8. | Does         | the owner/operator inspect the following at least weekly?  | _/ Yes _          | No           |
|    | a.<br>.b.    | Construction materials of tanks for corrosion or leaks?<br>Construction materials of and area surrounding discharge<br>confinement structures for erosion or signs of leakage? | Yes               | No No        |
| 9. | What         | is the procedure for assessing the condition of the tank?  |                   |              |
|    | Expl<br>dete | ain in narrative. (e.g. How does the procedure allow for ction of cracks, leaks or corrosion or procedures for ying the tank to allow entrance, etc.)                          |                   |              |

| 11. | Are       | e ign   | itable or reactive wastes placed in tanks?   | I.D. Nu | mber: | Lestan<br>W. Aleben<br>0200649<br>No |
|-----|-----------|---------|--|---------|-------|--------------------------------------|
|     | a.        | 1 11011 | yes, are they treated, rendered or mixed before or lediately after placement in the tank so it no longer to the definition of ignitable or reactive?             | •       | Yes   | /No                                  |
|     |           | OR      |  |         |       |                                      |
|     | b.        | Is read | the waste protected from sources of ignition or ction?   | 1       | Yes   | No                                   |
|     |           |         | If yes, use narrative explanations sheet to describe separation and confinement procedures. Not the confinement procedures of ignition or reaction               | Men     |       | So wilde                             |
|     |           |         | <u>OR</u>  |         |       |                                      |
|     | c.        | Is t    | the tank used solely for emergencies?  |         | Yes   | /No                                  |
| 12. | Has       | the     | facility ever placed incompatible wastes in the tank?  |         |       |                                      |
|     |           | If y    | ves, what were the results. (Use narrative explanation). (Look for signs of mixing of incompatible wastes e, toxic mist, heat generation, bulging containers, et | ons —   | Yes _ | No                                   |
| 13. | If a comp | was     | te is to be placed in a tank that previously held an le waste, was that tank washed?   | in      | Yes_  | _ No lyn                             |
|     | a.        | If y    | es, describe washing procedures (Use narrative explan  | ation   |       |                                      |

Describe how it is possible for incompatible wastes to be placed in the same tank. (Use narrative explanations sheet.)

Dertac - W. Helena ARD990660649 Danks Chadelist Of hazardous hatra! TB-112 - a 20,000 apl contonisteel tank with manual feed and discharge contrals. The last hazardous waste held was DOO3. The tank has since been rinsed, with ho sampling an used to istore at how hazardous waste which feed into the waste. water treatment bystem.

TPE209 a 12,000 gal glass lined estainless steel tank with manual feed and discharge controls. This tank holds permethin/cypermethin waste. This tank is vented to a Scrubber.

Tood a 17,000 gal estainless steel tank with manual feed and dis-charge controls. This tank is aperated under a hitrogen whanket, There were isigns of an overflow from this tank,

date of this occurrences bis tank also holds Permethin Cypermethin waste

T-L105 - a 17,000 stainless steel tank lyhich was hat in lyser during the imprection. The last brotume of waste held was Doo4 classified.

a hishally approximately a british the containment approach to the containing sach touts.

The tanks sit on a concrete pad bushick is choined by a sump and manually approach pump. Only a bishal inspection is performed on water liquids within the containment, also before being clischarged to the wastervater treatment system.

Site name: Dertan I.D. Number: W. Allen ARD990660649

# SURFACE IMPOUNDMENTS CHECKLIST Subpart K - Surface Impoundments 265.220

NOTE: Check all surface impoundments. Fill out one checklist for any impoundment in violation. Fill out one checklist for all other impoundments in compliance. Indicate number of surface impoundments at the facility.

|          | [1] : [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]   |
|----------|---|
| 1.       | Are there any surface impoundments which are not being used which the facility does not plan to use in the future? Yes No                             |
|          | a. If yes, has all hazardous waste and hazardous waste residue been removed from the impoundment? — Yes No k /A                                       |
| 2.       | Are impoundments presently used to treat or store waste? Yes No   |
| 3.       | Does the impoundment appear to maintain at least 2 feet   |
|          | a. If no, what was the freeboard? $\sim /$  |
| 4        | Is there evidence of overtopping of the dike?  Yes No   |
|          | If yes, please describe.  |
| 5.       | and water erosion? Yes No   |
|          | Provide description of containment. Cycubs  |
| 6.<br>7. | explanations sheet). DOOD, process writtenater<br>with pH 22 and 512.5 SD. Lee attachments  |
|          | a. If yes, are  |
|          | 1. Waste analyses and trial tests conducted on these wastes?  |
|          | <u>OR</u>   |
|          | 2. Does the owner/operator have written documented information on similar treatment of similar wastes under similar operating conditions?  Yes No N/A |
|          | b. Is this information retained in the operating record? $\underline{\qquad}$ Yes $\underline{\qquad}$ No $\wedge$ /A                                 |
|          |   |

Site Name: Dartac I.D. Number: Dalac ARD 990660649

| 8.   | Is          | the impoundment inspected daily to check freeboard level? No   |
|------|-------------|--|
| 9.   | alk         | the impoundment, dike and vegetation surrounding the e inspected to detect leaks, deterioration or failures least once a week?  Yes No   |
| 10.  | Are         | ignitable or reactive wastes placed in the impoundment? Yes _/ No  |
|      | a.<br>b.    | If no, do not complete b and c.  If yes, are they treated, rendered or mixed before or immediately after placement in the impoundment so it no longer meets the definition of ignitable or reactive?  Yes No L/D |
|      | <u>OR</u>   |  |
|      | c.          | Is the impoundment used solely for emergencies?  |
|      |             | <ol> <li>If yes, has further treatment, storage or disposal<br/>been conducted on these wastes? Describe this situa-<br/>tion.</li> </ol>  |
|      |             | N/A  |
|      |             |  |
| 11.  | Has<br>in 1 | the facility ever placed incompatible wastes the impoundment?  YesNo   |
|      | a.          | If yes, what were the results. (Use narrative explanation sheet.) (Look for signs of mixing of incompatible wastes e.g., fire, toxic mist, heat generation, bulging containers, etc.)                            |
| 12.  | What        | t is the impoundment lined with? Nort lined  |
| Effe | tive        | e May 1985   |
| 13.  | Is t        | the impoundment a new unit, replacement of an existing unit or lateral ansion of an existing unit?  YesNo  |
|      | If y        | ves,   |
|      | a.          | Has waste been received since May 1985? — Yes No h/A   |
|      | If y        | es,  |
|      | 1.          | Has the owner/operator notified the Regional Administrator (or state authority) at least 60 days prior to receiving the waste?  Yes No-1/  |
|      |             | Has the owner/operator filed an application for a final determination regarding the issuance of the permit within 6 months of the notice to receive wastes?  Yes No   A  |

Lectar W. Helena ARD990660649

| 3. | Is the impoundment completed with two or more 1 | liners | and a leachato |        |
|----|---|--------|----------------|--------|
|    | collection system between such liners?          |        |                | No h/r |

4. Does the impoundment have a groundwater monitoring system in place? \_\_\_ Yes \_\_ No-h/A

| PARAMETER      | INFLUENT | EQUALIZATION | AERATION | CLARIFIER | SLUDGE RETURN | OUTFALL 002 | OUTFALL 001 |
|----------------|----------|--------------|----------|-----------|---------------|-------------|-------------|
| FLOW           | DNA      | 065700       | 0 86200  | 025960    | D NA          | R 50/40     | R           |
| FH             | 0/2.7    | 0 8.5        | 0 7.3    | 07./      |               | 0 7./       | A           |
| 00             |          | 0 /2.2       | 0 11.8   | 0 11.2    |               | 0 4.7       | A           |
| FOU            |          |              | W        |           |               | W           | A           |
| COD            | w        | ш            | W        | W         |               | W           | A           |
| CHLORIDE       | W        | W            | W        | W         |               | W           | A           |
| T. LIDS        |          |              |          |           |               | м           | A           |
| SUS SOLIDS     |          | W            | W        | W         | W             | W           | A           |
| SETT SOLIDS    |          |              | W        |           |               |             |             |
| VOL SOLIDS     |          |              | W        |           | и             |             |             |
| ALKALINITY     | W        | W            | W        | W         |               | W           | A           |
| AMONIA-N       |          | W            | W        |           |               | W           |             |
| NITRATE-N      |          | W            | W        |           |               | W           |             |
| SULFATE        |          | W . I Barrel | W        |           |               | W           | A           |
| FHOSPHATE-PO4  | н        | W            | W        | 4         |               |             |             |
| UILEGREASE     |          |              |          |           |               |             | A           |
| FHEL(S) Ug/L   |          | н            | m        |           |               | W           | Α ,         |
| TOTAL PEST     | н        | М            |          | m         |               | w           | A           |
| FERMETHRIN-PPB | H        | н            | н        |           |               | W           | A           |
| 02 UPTAKE      |          |              | W        |           |               |             |             |
| CHEC           |          |              |          |           |               |             |             |
| SF. COND       |          |              |          |           |               |             |             |

| PARAMETER      | INFLUENT   | EQUALIZATION | AERATION | CLARIFIER | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001 |
|----------------|------------|--------------|----------|-----------|---------------|-------------|-------------|
| FLOW           | o ma       | 0 26800      | 0 77700  | 0 30850   | o Na          | R 33672     | R           |
| FH             | 0 1.7-6.9  | 0 6.4        | 0 7.7    | 0 7.6     |               | 0 7.4       | A           |
| DO             |            | D 10.0       | 00.8     | 00.1      |               | 00.2        | A           |
| FOU            |            |              | W        |           |               | W           | А           |
| COD            | W          | ы            | W        | W         |               | W           | A           |
| CHLORIDE       | W          | н            | W        | W         |               | W           | A           |
| 1. OLIDS       |            |              |          |           | Park Total    | м           | A           |
| SUS SOLIDS     |            | W            | W        | М         | W             | W           | А           |
| SETT SOLIDS    |            |              | W        |           |               |             |             |
| VOL SOLIDS     |            |              | W        | THE IT    | W             |             |             |
| ALKALINITY     | W          | W            | W        | W         |               | W           | A           |
| APPONIA-N      |            | н            | W        |           |               | W           |             |
| NITRATE-N      |            | н            | W        |           |               | ω           |             |
| SULFATE        |            | W            | W        |           |               | W           | A           |
| FHOSPHATE-PO4  | н          | w            | W        |           |               |             |             |
| UIL! GREASE    |            |              |          |           |               |             | A           |
| FOL(S) ug/L    |            | м            | H        |           |               | W           | Α .         |
| TOTAL PEST PPB | M /28/0.12 | н            |          | м         |               | w 135.19    | A           |
| PERMETHRIN-PPB | m 218.44   |              | м        |           |               | W 128.39    | A           |
| 02 UPTAKE      |            |              | W        |           |               |             |             |
| SHEE           |            |              |          |           |               |             |             |
| SF.COND        | 7 7 6 1 5  |              |          |           |               |             |             |

· Pesticides From 2-19-86 samples

| PARAMETER        | INFLUENT   | EQUALIZATION | AERATION | CLARIFIER . | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001 |
|------------------|------------|--------------|----------|-------------|---------------|-------------|-------------|
| FLOW             | D Ma       | 0 420000     | 076400   | 0 30850     | 1 ma          | R 16544     | R           |
| РН               | D/1.3-12.6 | D 4.8        |          | 0 7.2       |               | 0 7.5       | A           |
| DO               |            | D 10.4       | 0 3.9    | 00.3        |               | 0 5.9       | A           |
| 600              |            | **           | W        |             |               | W           | A           |
| COD              | W          | W            | W        | W           |               | W           | A           |
| CHLORIDE         | W          | W            | W        | W           |               | W           | A           |
| T. SOLIDS        |            |              |          |             |               | M           | A           |
| SUS SOLIDS       |            | W            | W        | W           | W             | W           | A           |
| SETT SOLIDS      |            |              | w .      |             |               |             |             |
| VOL SOLIDS       |            |              | M        |             | W             |             |             |
| ALKALINITY       | W          | W            | W        | W           |               | W           | A           |
| AMMONIA-N        |            | W            | W        |             |               | W           |             |
| NITRATE-N        |            | W            | W        |             |               | W           |             |
| SULFATE          |            | W            | W        |             |               | W           | A           |
| PHOSPHATE-PO4    | н          | W            | W        | 4           |               |             |             |
| L&GREASE         |            |              |          |             |               | 1 1         | A           |
| PHENOL (S) ug/L. |            | H            | м        |             |               | W           | Α .         |
| TOTAL PEST-PPB   | m5391.91   | M            |          | м .         |               | w           | A           |
|                  | M268.77    |              | M        | •           |               | W           | A           |
| 02 UPTAKE        | 44 S.      |              | W        |             |               |             |             |
| DNEP             |            |              |          |             |               |             |             |
| SF. COND         |            |              |          | •           |               |             |             |

Pertuile for 2-26-86 souple

| ARAMETER        | INFLUENT | EQUALIZATION | AERATION | CLARIFIER | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001 |
|-----------------|----------|--------------|----------|-----------|---------------|-------------|-------------|
| LOW             | o ma     | 0 42467      | 074200   | 0 30850   | o ma          | R 31736     | R           |
| 4               |          | 0 5.0        | D 7.7    | 07.6      |               | 0 7.8       | A           |
| 0               |          | D 10.2       | 0 1.7    | 0 0.2     |               | D 6.6       | A           |
| OD              |          | * 9          | w 600.0  |           |               | w 237.5     | A           |
| OD O            | W        | W            | W        | W         |               | W           | A           |
| HLORIDE         | W        | W            | W        | W         |               | W           | A           |
| . SOL I DS      |          |              |          |           | *             | м           | A           |
| US SOLIDS       |          | W            | W        | W         | W             | W           | A           |
| ETT SOLIDS      |          |              | W        |           |               |             |             |
| OL SOLIDS       |          |              | W        |           | W             |             |             |
| LKALINITY       | M .      | W            | W        | w :       |               | W           | A           |
| MMONIA-N        |          | W            | W        |           |               | W           |             |
| ITRATE-N        |          | W            | W        |           |               | W           |             |
| ULFATE          |          | w .          | W        |           |               | W           | A           |
| HOSPHATE-PO4    | н        | W            | W        |           |               |             |             |
| ILLGALASE       |          |              |          |           |               | r           | A           |
| HENOL (S) ug/L. |          | н            | м        |           |               | W           | Α .         |
| TAL PEST-PPB    | м        | M            |          | м         |               | w           | A           |
| ERMETHRIN-PPB   | м        | м            | М        |           |               | W           | A           |
| 2 UPTAKE        |          |              | W        |           |               |             |             |
| NEID            |          |              |          |           | •             |             |             |
| F. COND         |          |              |          |           |               |             |             |

| PARAMETER       | INFLUENT    | EQUALIZATION | AERATION  | CLARIFIER -  | SLUDGE RETURN     | DUTFALL 002 | DUTFALL 001  |
|-----------------|-------------|--------------|-----------|--------------|-------------------|-------------|--|
| FLOW            | o ma        | D 43900      | 0 6 9 000 | 030850       | D NA              | R 73244     | R  |
| FH              | 01.1-3.4    | D 4.6        | 07.6      | 0 5.5        |                   | 0 7.7       | A  |
| DO              |             | 0 11.2       | 0 3.6     | 00.2         |                   | 0 7.5       | A  |
| BOD             |             |              | W         |              |                   | W           | A  |
| con             | W           | W            | W         | W            | Principle Control | W           | A  |
| CHEORIDE        | W           | W            | W         | W            |                   | W           | A  |
| T. SOLIDS       |             |              |           |              |                   | M           | A  |
| SUS SOLIDS      |             | ω            | W         | W            | w                 | W           | A  |
| SETT SOLIDS     | The Bank    |              | W ,       |              |                   |             |  |
| VOL SOLIDS      |             |              | W         |              | W                 |             |  |
| ALKALINITY      | W           | W            | W         | W            |                   | W           | A  |
| AMMONIA-N       |             | W            | W         |              |                   | W           | "  |
| NITRATE-N       |             | ш            | W         |              |                   | W           |  |
| SULFATE         |             | W            | W         | A SE         | A THE RESIDENCE   | W           | A  |
| PHOSPHATE-PO4   | н           | W            | ш         | •            |                   |             |  |
| REASE           | III) ber 19 |              |           |              |                   | 7           | A  |
| PHENOL (S) ug/L |             | н            | м         | The state of |                   | W           | Α .  |
| TOTAL PEST-PPB  | H7684.72    | M 764.73     |           | M 4 82.10    | 4                 | W 85.63     | A  |
| PERMETHRIN-PPB  |             | M 63.94      | м         | 473.54       |                   | W 79.78     | A  |
| 02 UPTAKE       |             |              | W         |              | THE SET OF        |             |  |
| DIVER           |             |              |           |              |                   |             | E STATE OF THE STA |
| SP. COND        |             |              | -         |              |                   |             |  |

| PARAMETER        | INFLUENT | EQUALIZATION | AERATION  | CLARIFIER          | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001  |
|------------------|----------|--------------|-----------|--------------------|---------------|-------------|--------------|
| FLOW             | oma.     | 0 42930      | 074800    | 030850             | DNA           | R .56020    | R            |
| FH               | D1.3-7.4 | D 4.7        | D 7.7     | 0 7.6              |               | 0 8.0       | A            |
| DO               |          | D (0.1       |           | 0.0.1              |               | 06.8        | A            |
| BOD              |          | .008         | W 300,0   |                    |               | W 185.0     | A            |
| D                | w        | и            | W         | W                  |               | w           | A            |
| CHLORIDE         | W        | W            | W         | W                  |               | V           | A            |
| T.SOLIDS         |          |              |           |                    |               | М           | A            |
| SUS SOLIDS       |          | w            | W         | W                  | W             | W           | A THE PERSON |
| SETT SOLIDS      |          |              | W         |                    |               |             |              |
| VOL SOLIDS       |          |              | W         |                    | W             |             |              |
| ALKALINITY       | W        | ш            | W         | W                  | - ·           | W           | A            |
| AMMONIA-N        |          | W            | W         |                    |               | W           |              |
| NITRATE-N        | Physic   | и            | W         | Here were          |               | W           |              |
| SULFATE          |          | w .          | W         | THE REAL PROPERTY. |               | W           | A            |
| PHOSPHATE-PO4    | н        | W            | with Arms |                    |               |             |              |
| LAGREASE         |          |              |           |                    |               |             | A            |
| PHENOL (S) ug/L. |          | M            | H         |                    |               | W           | A            |
| TOTAL PEST- PPB  | н —      | M .          |           | H                  |               | W           | Α            |
| PERMETHRIN-PPB   | н        | М            | М         | ,                  |               | W           | A            |
| 02 UPTAKE        |          |              | W         |                    |               |             |              |
| DHEP             |          |              |           |                    | **            |             |              |
| SP. COND         |          |              |           |                    |               |             |              |

#### ENVIRONMENTAL REPORT (ALL RECORDS)

| PARAMETER        | INFLUENT            | EQUALIZATION | AERATION | CLARIFIER | SLUDGE RETURN                         | OUTFALL 002  | OUTFALL 001             |
|------------------|---------------------|--------------|----------|-----------|---------------------------------------|--|-------------------------|
| FLOW             | oma.                | 030300       | D 75/00  | 0 30850   | o ma                                  | R 42900  | R                       |
| PH               | 1.5                 | 0 4.7        | 0 8.0    |           | 112                                   | 0 8.1  | A                       |
| DO               |                     | D 10.4       | 06.9     | 0 0.1     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 0 6,6  | A                       |
| BOD              | A STATE OF STATE OF |              | W        |           | DEPOSIT SE                            | W  | A                       |
|                  | W                   | W            | W        | W         |                                       | W  | A                       |
| CHLORIDE         | W                   | W            | W        | W         |                                       | W  | A                       |
| T. SOLIDS        |                     |              |          |           | E. LETTON                             | М  | A                       |
| SUS SOLIDS       |                     | W            | W        | W         | W                                     | W  | A                       |
| SETT SOLIDS      |                     |              | w .      |           | N 90 1 45-                            |  |                         |
| VOL SOLIDS       |                     |              | M .      |           | и                                     |  |                         |
| ALKALINITY .     | W                   | W            | W        | w :       |                                       | W  | A                       |
| AMMONIA-N        |                     | W            | W        |           |                                       | W  |                         |
| NITRATE-N        | 14-11 E-13          | W            | W        |           |                                       | W  |                         |
| SULFATE          | 27 1967             | W            | W        |           |                                       | W  | A                       |
| PHOSPHATE-PO4    | н                   | W            | ш        |           |                                       |  |                         |
| UILLIGREASE      |                     |              |          |           |                                       | 12   | A                       |
| PHENOL (8) Ug/L. |                     | н            | M        |           |                                       | W  | Α .                     |
|                  | н                   | M            |          | н         |                                       | w  | A                       |
| PERMETHRIN-PPB   | н                   | н            | м        |           |                                       | W  | A                       |
| 02 UPTAKE        | FRED S              |              | ш        |           |                                       |  |                         |
| DIVER            |                     |              |          |           |                                       | A STATE OF THE STA | RESIDENCE OF THE SECOND |
| SF. COND         |                     |              |          |           |                                       |  |                         |

| PARAMETER       | INFLUENT  | EQUALIZATION          | AERATION | CLARIFIER . | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001 |
|-----------------|-----------|-----------------------|----------|-------------|---------------|-------------|-------------|
| FLOM            | D ma      | 0 54050               | 0 62350  | 0 30850     | D NA          | R . 32/54   | R           |
| PH              | D 1.4-7.5 | 0 4.4                 | D 7.7    | 0 7.5       |               | 0 8.2       | A           |
| DO              |           | D 10.6                | 0 1.4    | 0 0.2       |               | D 9.1       | A           |
| BOD             |           |                       | w 433.3  |             |               | w 28/.3     | A           |
| me p            | W         | w                     | W        | W           |               | W           | A           |
| CHLORIDE        | W         | W                     | W        | W           |               | W           | A           |
| T.SOLIDS        |           |                       |          |             |               | н           | A           |
| SUS SOLIDS      |           | W                     | w .      | W           | w             | W           | A           |
| SETT SOLIDS     |           |                       | w ;      |             |               |             |             |
| VOL SOLIDS      |           |                       | w .      |             | W             |             |             |
| ALKALINITY      | W         | W                     | W        | w .         |               | W           | A           |
| AMMONIA-N       |           | W .                   | W        | 9 1 20 1    |               | W           |             |
| NITRATE-N       |           | W A PART AND A SECOND | W        |             |               | W           |             |
| SULFATE '       | * *       | W                     | W        |             |               | W           | A           |
| PHOSPHATE-PO4   | н         | W                     | W        |             |               |             |             |
| LAGREASE        |           | **                    |          |             |               | *           | A           |
| PHENOL (S) Ug/L |           |                       | м        |             |               | W           | Α .         |
| TOTAL PEST- PPB | H         | H                     |          | м           |               | w           | A           |
| PERMETHRIN-PPB  | н         | М                     | н        |             |               | W           | A           |
| 02 UPTAKE       |           |                       | W        |             |               |             |             |
| DHEP            |           |                       |          |             | **            |             |             |
| SF. COND        |           |                       |          |             |               |             |             |

| PARAMETER        | INFLUENT  | EQUALIZATION | AERATION | CLARIFIER  | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001  |
|------------------|-----------|--------------|----------|--|---------------|-------------|--|
| FLOW             | DNA       | 0/23700      | 0 219600 | 00   | D 0           | R·O         | R  |
| РН               | 00.9      | D 4.5        | D 7.)    | 0 7.7  |               | 0 8.5       | A  |
| 00               | TITLE     | 0 5.4        | 0 0.8    | 0 0.2  |               | D 7.8       | A  |
| 400              |           |              | ω .      |  |               | W           | A  |
| con              | W 1822581 | w 5161.3     | W 1322.6 | W 1080.6   |               | W 665.4     | A  |
| CHLORIDE         | /         | w 1622.6     |          | w 1604.3   |               | W 1573.7    | A  |
| T. SOLIDS        |           |              |          |  |               | M 5400.0    | A  |
| SUS SOLIDS       |           | w 78.6       | W 620.0  | w 3 43.3   | W 425.6       | W 252.3     | A  |
| SETT SOLIDS      |           |              | w 3.5    |  |               |             |  |
| VOL SOLIDS       |           | 37.6         |          | 283.3  | w 2950        | 202.2       |  |
| ALKALINITY       | W 0       | w 0          |          | W 822.5  |               | w 844.9     | A  |
| AMMONIA-N        |           | W 20.0       | W 1.03   |  |               | W 0.65      | **   |
| NITRATE-N        |           | w 1.9        | w 2.1    |  |               | W 2.15      |  |
| SULFATE '        |           | w 1040.0     | W 1060.0 |  |               | w 994.0     | A  |
| PHOSPHATE-PO4    |           | w 2.5        | W 0.73   |  | HELEN         |             | The state of the s |
| GREASE           |           | "            | 1        | LIN COLUMN TO SERVICE STATE OF THE SERVICE STATE OF |               | "           | A  |
| PHENOL (S) Ug/L. |           | H 173.5      | M 55.1   |  |               | W310        | Α  |
| TOTAL PEST-PPB   | н         | М            |          | M  |               | W           | A  |
| PERMETHRIN-PPB   | н         | н            | м ·      |  |               | W           | A  |
| 02 UPTAKE        |           |              | W WO. U  |  |               |             |  |
| DHEP             |           | A STREET     |          |  | **            |             |  |
| SF.COND          |           | 6600         | 7000     | FUEL CO  |               | 6,900       | Principle of   |

| PARAMETER        | INFLUENT   | EQUALIZATION | AERATION | CLARIFIER . | SLUDGE RETURN | OUTFALL 002  | DUTFALL 001 |
|------------------|------------|--------------|----------|-------------|---------------|--------------|-------------|
| FLOW             | D NA       | 0/26533      | 019386   | 10,30850    | DNO           | R· O         | R           |
| PH               | D 7.5-12.6 | 0 4.8        | 0 7.7    | 0 7.7       |               | 0 8.2        | A           |
| DO               |            | D 5.4        | 00.2     | 0 0.2       |               | D 3./        | A           |
| 800              |            |              | w 426-7  |             |               | W 352.5      | A           |
| COD              | W          | ы            | W        | W           | •             | w .          | A           |
| CAZDRIDE         | W          | W            | W        | W           |               | W            | A           |
| T. SOLIDS        |            |              | Pale III |             |               | M            | A           |
| SUS SOLIDS       |            | W            | M        | W           | W             | w states and | A           |
| SETT SOLIDS      |            |              | ω .      |             |               |              |             |
| VOL SOLIDS       |            | F 4 7 1 2    | W        |             | W             |              |             |
| ALKALINITY       | ш .        | w            | W        | W           |               | ш.           | A           |
| APPONIA-N        |            | W            | W        |             |               | W            | **          |
| NITRATE-N        |            | и            | W        |             | THE DEPTH     | W            |             |
| SULFATE          |            | W            | W        |             |               | W            | A           |
| PHOSPHATE-PO4    | н          | W            | M        | HIERON.     |               |              |             |
| GREASE           |            |              | 100000   |             | P:            | 7/           | A           |
| PHENOL (8) Ug/L. |            | н            | M        | 7,000       |               | W            | A .         |
| TOTAL PEST-PPB   | н          | M            |          | м           |               | W.           | A           |
| PERMETHRIN-PPB   | н          | м            | м        |             |               | W            | A           |
| 02 UPTAKE        |            |              | W        |             | A METERS      |              |             |
| DHEP             |            |              |          |             |               |              |             |
| SP. CGND         |            |              | -        |             | **            |              |             |

| PARAMETER        | INFLUENT     | EQUALIZATION    | AERATION | CLARIFIER . | SLUDGE RETURN | DUTFALL 002 | OUTFALL 001                                     |
|------------------|--------------|-----------------|----------|-------------|---------------|-------------|---|
| FLOW             | o ma         | D 4300          | 0 7700   | D 0         | D O           | R· O        | R   |
| PH               | 01.3-4.8     | D 4.8           | 0 7.9    | D           |               | 0 8.0       | A   |
| DO               |              | 0 0.5           | 0 0.2    | 0 —         |               | 0 3.8       | A   |
| 80D              | 10167        |                 | w ·      |             |               | W           | A   |
| D <sup>D</sup>   | W            | ы               | W        | W           |               | W           | A   |
| CHLORIDE         | W            | W               | W        | W           |               | W           | A   |
| T.SOLIDS         |              |                 |          |             | 11-18-5-12-1  | M           | A   |
| SUS SOLIDS       |              | W               | W        | W           | w ' '======   | W           | A   |
| SETT SOLIDS      |              |                 | w :      |             |               |             |   |
| VOL SOLIDS       |              |                 | W        |             | w             |             |   |
| ALKALINITY       | M            | W               | W        | W           |               | W           | A   |
| AMMONIA-N        |              | W               | W        |             | NYDEN SEL     | W           |   |
| NITRATE-N        |              | ш               | W        |             |               | W           |   |
| SULFATE          |              | w B. Howell St. | W        |             |               | W           | À   |
| PHOSPHATE-PO4    | н            | u               | и        |             | Best File     |             |   |
| BIL&GREASE       |              | . "             |          |             |               | 11          | A   |
| PHENOL (S) US/L. |              | H               | M        |             |               | W           | Α   |
| TOTAL PEST-PPB   | H            | M               |          | М           | Carlo March   | w           | A CARLON AND AND AND AND AND AND AND AND AND AN |
| PERMETHRIN-PPB   | М            | н               | м        |             |               | W           | A   |
| 02 UPTAKE        |              |                 | W        |             |               |             |   |
| DIVER            | THE STATE OF |                 |          |             |               |             |   |
| SP. COND         |              |                 |          |             |               |             |   |

| PARAMETER       | INFLUENT  | EQUALIZATION | AERATION | CLARIFIER . | SLUDGE RETURN | DUTFALL 002 | DUTFALL 001  |
|-----------------|-----------|--------------|----------|-------------|---------------|-------------|--|
| FLOW            | oma.      | 098667       | 0 281466 | 0 0         | D N4          | R . O       | R  |
| FH              | D4.6-13.7 | D 5.1        | 0 7.9    | 0 7.9       |               | 0 8.9       | A  |
| DO              |           | D 0.1        | 00.1     | 0 0.1       |               | D 8.8       | A  |
| BOD             |           |              | w 781.7  |             |               | W 405.6     | A  |
|                 | W         | и            | W        | W.          |               | w .         | A  |
| CHLORIDE        | W         | W            | M        | W           |               | w .         | À  |
| T. SOLIDS       |           |              |          |             |               | М           | A  |
| SUS SOLIDS      |           | W            | W        | W           | W             | M .         | A  |
| SETT SOLIDS     |           |              | w .      |             |               |             |  |
| VOL SOLIDS      |           |              | W        |             | W             |             |  |
| ALKALINITY      | W         | М            | W        | W           |               | W           | A  |
| AMMONIA-N       |           | и            | W        |             |               | W           | * A Company of the Co |
| NITRATE-N       |           | М            | W        |             |               | W           |  |
| SULFATE         |           | W .          | w        |             |               | W           | A  |
| PHOSPHATE-PO4   | н         | W            | W        |             |               |             |  |
| UILLGREASE      |           | . "          |          |             |               | 1           | A  |
| PHENOL (8) Ug/L |           | н            | м        |             |               | W           | Α  |
| TOTAL PEST- PPB | н         | M            |          | н           |               | w           | A  |
| PERMETHRIN-PPB  | н         | н            | н        | •           |               | W           | A  |
| 02 UPTAKE       |           |              | W        |             |               |             |  |
| DHEP _          |           |              |          |             | **            |             |  |
| SP. COND        |           |              |          |             |               |             |  |

| PARAMETER        | INFLUENT            | EQUALIZATION | AERATION | CLARIFIER . | SLUDGE RETURN | DUTFALL 002  | DUTFALL 001      |
|------------------|---------------------|--------------|----------|-------------|---------------|--|------------------|
| FLOW             | D NA                | 00           | 00       | 00          | D 0           | R · O  | R                |
| PH               | 0/2.8-13,2          | 0 -5.3       | 0 8.1    | o wo        |               | 0 90   | A                |
| DO               |                     | 0 0.5        | 0 8.5    | D Sangle    |               | D 9.1  | A                |
| 600              |                     |              | w ·      |             |               | W  | A                |
| D'0              | W                   | W            | W        | W.          |               | W  | A                |
| CHLORIDE         | W                   | W            | M .      | W           |               | W  | A                |
| T. SOLIDS        |                     |              | 144      |             |               | M  | A                |
| - SUS SOLIDS     |                     | u -          | W        | W           | М             | W  | A                |
| SETT SOLIDS      |                     |              | W ,      |             |               |  |                  |
| VOL SOLIDS       |                     |              | W        |             | W ·           |  | TOTAL CONTRACTOR |
| ALKALINITY       |                     | W            | W        | w :         |               | W  | A                |
| AMONIA-N         |                     | W            | W        |             | a Sport Park  | W  |                  |
| NITRATE-N        |                     | W            | W        |             |               | W  |                  |
| SULFATE          | The second          |              | w . ·    |             |               | W  | A                |
| PHOSPHATE-PO4    | м                   | W            | W        |             |               |  |                  |
| LAGREASE         |                     | •            |          |             |               | THE STATE OF THE S | A                |
| PHENOL (S) Ug/L. |                     | н            | М        | HAN HELL    |               | W  | Α .              |
| TOTAL PEST-MB    | н                   | H            |          | м           |               | w  | A                |
| PERMETHRIN-PPB   | н                   |              | м        |             |               | W  | A                |
| 02 UPTAKE        |                     |              | M        |             |               |  |                  |
| DHEP             |                     |              |          |             | -(1)          |  |                  |
| SP. COND         | the latest the same | Gr IT A ST   |          |             |               |  |                  |

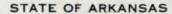
Site name: Vertac I.D. no.: D. Autero ARD990660649

| 23 | 2 | - |   |   | 22 |
|----|---|---|---|---|----|
| CI | O | S | п | r | e  |

|    |      |       |  | 1       |         |
|----|------|-------|--|---------|---------|
| Α. | Doe  | es th | ne facility have a closure plan?   | Yes_    | _No     |
|    | 1.   | Doe   | es the plan include:   |         |         |
|    |      | a.    | A description of how and when the facility will be partially, then finally closed?   | /Yes_   | No _    |
|    |      | b.    | An up-to-date estimate of the maximum inventory of wastes in storage and treatment at any time during the life of the facility?                                | ✓ Yes_  | _No     |
|    |      | с.    | A description of decontamination procedures for facility equipment?  | /Yes_   | _No     |
|    |      | d.    | An estimate of expected year of closure?   | Yes     | _No     |
|    | 2.   | Doe   | s the plan include a schedule for final sure? If yes, does it include:   | ✓ Yes_  | _Nó     |
|    |      | a.    | Time estimates for each phase of closure for each area?  | ✓ Yes_  | _No     |
|    |      | b.    | Total time estimate for closure?   | Yes     | _No     |
|    | 3.   | bri   | ng narrative explanations sheet, give a ef summary of how the facility plans to se each area of hazardous waste management; attach a copy of the closure plan. |         |         |
|    | 4.   | Doe   | s the plan address all areas of hazardous waste agement?   | /Yes_   | _No     |
|    | 5.   | cha   | the plan been amended as necessary to reflect nges in facility operations or design?   | Yesv    | No      |
|    | 6.   | Are   | cost estimates available and modified as from essary? If yes, give latest cost estimate the date of adjustments.   | Part to | No Cost |
| В. | Have | e clo | osure activities begun at the facility?  | Yes_    | _No     |
|    | 1.   | If    | yes,   |         |         |
|    |      | a.    | Was the closure plan submitted to the Regional — Administrator at least 180 days prior to beginning these activities?  | Yes     | _No-h/A |
|    |      | b.    | Were all wastes treated or disposed of within 90 days of the final receipt of wastes?  | Yes     | No WA   |

Site Name: Datter I.D. no.: W. Halaro ARD990660649

|    | granted by Regional Administrator.  | Yes  | No-h/A  |
|----|---|------|---------|
| c. | Do the actual closure activities correspond to those written in the closure plan?               | _Yes | _No-h/A |
|    | If no, include narrative explanation.   |      | - 7/1   |
| 2. | Was closure completed within 180 days of receipt of final volume of wastes?                     | Yes  | _Noh/A  |
|    | If no, give explanation, including waivers or extensions granted by the Regional Administrator. | _Yes | _No h/A |
| 3. | If yes, was it signed by both the owner/operator and an independent registered professional     | _Yes | No h/A  |
|    | engineer?   | _Yes | _No h/A |
|    |   |      |         |





#### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

May 21, 1986

Jay A. Pruett
Manager of Environmental Affairs
Southwestern Electric Power Company
Post Office Box 21106
Shreveport, Louisiana 71156

Dear Mr. Pruett:

Re: Quarterly Groundwater Analyses
Ash Pond Metals Analyses
Flint Creek Power Plant
Permit # 1714-WR-2 (May 13, 1986)

In reviewing the referenced report, it was discovered that the nitrate concentrations are unusually high, i.e. 13.9 mg/l at the Fred Harger location and 34.8 at the Andy Foreman location. I need an explanation for these values and I would like to know what actions, if any, are being taken to correct this problem.

I looked through our files for a copy of your goundwater monitoring plan and was unable to locate one. Please provide this Department with a current copy of your groundwater monitoring plan.

Thank you for your cooperation in this matter. If I may be of assistance, please contact me.

Sincerely,

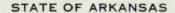
Joseph D. Williford Acting Supervisor

Joseph D. Willeford

Enforcement Section, NPDES Branch

JDW/jw

cc: Jamie Huens, District Field Inspector L





#### DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

March 10, 1986

Mr. J. Williams
Vertac Chemical Corporation
P. O. Box 2749
Highway 242 South
West Helena, AR 72390

Dear Mr. Williams:

This Department has received the following Texas hazardous waste manifests which are missing the date of acceptance by the transporter:

| 223567, | dated | 1-26-86 | 223570, | dated | 1-25-86 |
|---------|-------|---------|---------|-------|---------|
| 223571, | dated | 1-25-86 | 223575, | dated | 1-29-86 |
| 223576, |       |         |         |       | 1-28-86 |
| 223617, |       |         | 233618, |       |         |

Please provide corrected copies of these manifests showing the date of acceptance by the transporter to this Department within five (5) working days of receipt of this letter.

You should also be aware of Section 16 (c)(1)(B) of the Arkansas Hazardous Waste Management Code which states that both the Arkansas Transportation Commission transportation permit number and the Pollution Control transportation permit number must appear in Block C of the manifest. If there is not enough room for all required permit numbers, place the Pollution Control and ATC permit numbers in Block 15 as additional information.

If you have any questions, please let me know.

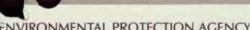
Sincerely,

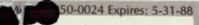
Vicky Prewett

Manifest Coordinator

Hazardous Waste Division

cc: David Walker, Vertac Mike Bates, Chief, Enforcement Branch Service Line, Inc.





#### **ENVIRONMENTAL PROTECTION AGENCY**

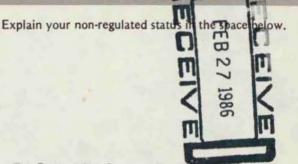
FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1985

This report is for the calendar year ending December 31, 1985 Read All Instructions Carefully Before Making Any Entries on Form

#### I. NON-REGULATED STATUS

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1985. . . . . . . .



Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

F A R D 9 9 0 6 6 0 6 4 9 1

This Facility's Non-Regulated Status is Expected to Apply:

For 1985 Only

☐ Permanently

☐ Other\_

C303 ENTRY (OFFICIAL USE ONLY):

III. NAME OF FACILITY

Vertac | Chemical | Corp - West | Helena | Plant

#### IV. FACILITY MAILING ADDRESS

3 P Q B o x 2 7 4 9 1- H w y 2 4 2 | S o u t h

Street or P.O. Box

out

Fear

15 16 | H| e| I | e | n | a | City or Town State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

Street or Route number

15 16 City or Town Zip Code

VI. FACILITY CONTACT

2 Joe E Porter

Name (last and first)

Phone No. (area code & no.)

#### VII. COST ESTIMATES FOR FACILITIES

A. Cost Estimate for Facility Closure

25 , 28 , 31

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

#### VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. W. Shackelford, Plant Manager

2-25-86 Date Signed

EPA Form 8700-138(5-80) (Revised 11-85)

Print/Type Name

| Date rec'd: Rec'd by:                         | XI. GENERATOR NAME (specify generator from whom all wastes on this page were received) |
|---|--|
| IX. FACILITY'S EPA I.D. NO.                   | ON-SITE 🔀  |
| FA R D9 9 0 6 6 0 6 4 9 11                    | THE AMERICAN DESIGNATION OF THE PROPERTY OF THE PARTY OF                               |
| 1 2 13 14 15                                  | XII. GENERATOR ADDRESS   |
|   |  |
| X. GENERATOR'S EPA I.D. NO.                   |  |
| G A R D 9 9 0 6 6 6 0 6 4 9 28                | The Part of the last   |
| WILL TOTAL MARTE IN STORAGE ON DECEMBE        | FR 21 100F   |
| S01 L 1 1 2 15 10 10 1P S02 L AMOUNT OF WASTE | MOUNT OF WASTE UOM AMOUNT OF WASTE UOM   |
| S04 LIJIJIJI                                  | UOM AMOUNT OF WASTE UOM  |

| William Property of | ASTE IDENTIFICATION AND MANAGEMEN  A. Description of Waste | B. EPA Hazardous<br>Waste No.<br>(see instructions) | C.<br>Handling<br>Method D. Amount of Waste | E. Unit of<br>Measure |
|---------------------|--|---|---|-----------------------|
| 29 32               | Ignitable; Distillation Bottoms of off-spec Product Batch  | 33 36 37 40<br>41 44 45 48                          | <b>5</b> 0 1 2 5 0 6                        |                       |
|                     | 2  |   |   |                       |
| 1 1 1 1             | 3  |   |   |                       |
|                     | 4  | MAR 20  | ENTO  |                       |
|                     | 5  |   |   | 17                    |
|                     | 6  |   |   |                       |
|                     | 7  |   |   |                       |
|                     | 8  |   |   | 1                     |
|                     | 9  |   |   |                       |
|                     | 10   |   |   |                       |
|                     | 11   |   |   |                       |
|                     | 12   |   |   |                       |

XV. COMMENTS (enter information by section number-see instructions)

#### **ENVIRONMENTAL PROTECTION AGENC**

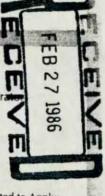
#### **GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1985**

This report is for the calendar year ending December 31, 1985 Read All Instructions Carefully Before Making Any Entries on Form

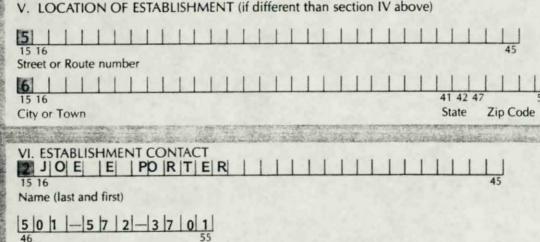
#### I. NON-REGULATED STATUS

Complete this section <u>only</u> if you did not generate regulated quantities of hazardous waste at any time during the 1985 calendar year. Circle the <u>one</u> code at right that best describes your status during the entire year (see instructions for explanation of codes).

- 1 Non-handler
- 2 Small Quantity General
- 4 Exempt
- 5 Beneficial Use
- 9 Out of Business



|   | y Out of business  |     |
|---|--|-----|
| Please print/type with elite type (12 characters per inch)    | This Installation's Non-Regulated Status is Expected to Apply:   |     |
| II. GENERATOR'S EPA I.D. NUMBER                               | ☐ For 1985 Only ☐ Permanently  |     |
| F A R D 9 9 0 6 6 0 6 4 9 1 1 1 2 13 14 15                    | Other  |     |
| III. NAME OF ESTABLISHMENT  WE R T A C CHEM ICAL CORP         |  | 69  |
| IV. ESTABLISHMENT MAILING ADDRESS                             | TO THE RESIDENCE OF THE PARTY O | 44  |
| 3 P O B O X 2 7 4 9 - H W Y 2 4 2 15 16<br>Street or P.O. Box | ISIOIUTIHIII   |     |
|   | Al A   |     |
|   | TO THE STATE OF THE PROPERTY OF THE STATE OF | の意味 |



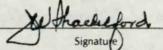
Title

#### VII. CERTIFICATION

Phone No. (area code & no.)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

J. W. Shackelford - Plant Manager



z-25-86

Date Signed

EPA Form 8700-13A(5-80) (Revised 11-85)

Print/Type Name

Fear out he

Page 1 of

### Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

| Date rec'd:                    | Rec'd by: | IX. FACILITY NAME (specify facility to which all wastes on this page were shipped) |
|--------------------------------|-----------|--|
| VIII. GENERATOR'S EPA          | I.D. NO.  | this page were shipped)  |
| G A R D9 9 0 6 6               |           | Chemical Resources, Inc.   |
|                                |           | XI. FACILITY ADDRESS   |
| X. FACILITY'S EPA I.D. N       | 0.        |  |
| [F   0   K   D   0   0   4   0 | 2 3 9 6   | 2700 South 25th West Street  |
| 16                             | 28        | Tulsa, Ok.   |

XII. TRANSPORTATION SERVICES USED

- 1 Missouri Pacific Railroad MOD 006 968 101
- 2 Burlington Northern Railroad MND 048 341 788
- 3 Chemical Resources, Inc. OKD 000 402 396

| XIII. V | VAS | TE IDENTIFICATION  A. Description of Waste           | B. DOT<br>Hazard<br>code        | C. EPA Hazardous<br>Waste No.<br>(see instructions) | D. Amount of Waste  | E. Unit of<br>Measure |
|---------|-----|--|---------------------------------|---|---|-----------------------|
| 29 3    | 1 2 | Ignitable; Insecticide manufacture; mixture          | 0 <sub>1</sub> 8 35<br>33 34 43 | 38 39 42  | 9 <sub>1</sub> 7 <sub>1</sub> 6 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> 8 <sub>1</sub> 0 <sub>59</sub> | P _                   |
| 1.1.1   | 2   | of water, salts, & solvent<br>Oklahoma code: 004602; |                                 | MAR 19  | NTD   |                       |
|         | 3   | Permethrin   |                                 |   |   |                       |
| 111     | 4   | Ignitable; Insecticide manufacture; mixture          | 0 8 D                           | 0 0 1   | 12:3:1:3:5:1:4:0  | P ~                   |
| 1.1.1   | 5   | of water, salts, & solvent                           |                                 |   | 1 1 1 1 1 1 1 1   |                       |
|         | 6   | Oklahoma code: 264403;<br>Cypermethrin               |                                 |   |   |                       |
| 111     | 7   |  |                                 |   |   |                       |
| 111     | 8   |  | -                               |   |   |                       |
| 111     | 9   | MARINE MARKET  |                                 |   |   | 189                   |
| 111     | 10  |  |                                 |   |   |                       |
|         | 11  |  |                                 |   |   |                       |
|         | 12  |  |                                 |   |   |                       |

XIV. COMMENTS (enter information by section number-see instructions)

## Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

| Date rec'd: | Rec'd by: |
|-------------|-----------|
|             |           |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

VIII. GENERATOR'S EPA I.D. NO.

GARD9910660604911

Gibraltar Chemical Resources, Inc.

XI. FACILITY ADDRESS

711.1710.2171

P.O. Box 248 Hwy. 155 Winona, Tx.

X. FACILITY'S EPA I.D. NO.

F T X D 0 0 0 7 4 2 3 0 4

XII. TRANSPORTATION SERVICES USED

1 - Gibraltar Chemical Resources - TXD 000 742 304

2 - Service Truck Line, Inc. - LAD 043 195 379

3 - Service Line, Inc. - TXD 981 148 885

| XIII. W | #  | A. Description of Waste                            | B. DOT<br>Hazard | C. EPA Hazardous Waste No. (see instructions) D. Amount of Waste | Measure |
|---------|----|--|------------------|--|---------|
| 29 32   | 1  | Ignitable; Insecticide manufacture (Permethrin);   | 0 8              | D0 0 1<br>35 38 39 42 9 8 7 6 4 0 F                              | P 60    |
|         | 2  | mixture of water, salts, and solvent               |                  |  |         |
| 111     | 3  |  |                  | MAR 1.9 ENTD   |         |
| 111     | 4  | Ignitable; Insecticide manufacture (Cypermethrin); | 0 8              | D 0 0 1  | P       |
|         | 5  | mixture of water, salts, and solvent               |                  |  |         |
| 111     | 6  |  |                  |  |         |
|         | 7  |  |                  |  |         |
| 111     | 8  |  |                  |  |         |
| 111     | 9  |  |                  |  |         |
|         | 10 |  |                  |  |         |
| 1.1.1   | 11 |  |                  |  |         |
|         | 12 |  |                  |  |         |

XIV. COMMENTS (enter information by section number-see instructions)

### Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

| Date           | rec'd:            | Re | c'd by                |  |
|----------------|-------------------|----|-----------------------|--|
| And the second | The second second |    | and the second second |  |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

VIII. GENERATOR'S EPA I.D. NO.

TAC

G A RD 9 9 0 6 6 0 6 4 9 1 1

CECOS/BFI Livingston Facility

XI. FACILITY ADDRESS

X. FACILITY'S EPA I.D. NO.

F L A D0 0 0 0 6 1 8 2 9 8

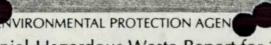
P.O. Box 669 I-12 and Hwy. 63 Livingston, LA 70754

XII. TRANSPORTATION SERVICES USED

Service Truck Line - LAD 043 195 379

| XIII. WAST |     | TE IDENTIFICATION  A. Description of Waste        | B. DOT<br>Hazard | C. EPA Hazardous<br>Waste No.<br>(see instructions) |     |    |    |   |          | D. Amount of Waste |   |   |    |    |     |     | E. Unit of<br>Measure |
|------------|-----|---|------------------|---|-----|----|----|---|----------|--------------------|---|---|----|----|-----|-----|-----------------------|
| 9 32       | 1 1 | Ignitable; kerosene based<br>Polymer sample waste |                  | 35  | 0,0 | 38 | 39 | 1 | 42<br>50 | 51                 | 1 | 1 | ,1 | ,2 | 2,  | 4 0 | P 60                  |
| 1 1 1      | 2   |   |                  | 1   | 1   | 1  |    | + | 1        |                    | 1 | 1 | 1  |    | - 1 |     |                       |
| 111        | 3   |   |                  | 1   | 1   | 1  | -  | 1 |          | Ī                  | 1 | 1 |    |    | -1. |     |                       |
| 111        | 4   |   |                  | 1   | 1   | 1  |    | 1 |          |                    | 1 |   | 1  |    |     | 1   |                       |
| 111        | 5   |   |                  | 1   | 1   | 1  | 1  | 1 | 1        |                    | 1 |   |    |    |     |     |                       |
|            | 6   |   |                  | 1   | 1   | 1  |    | - | 1        |                    | 1 | 1 | 1  | 1  | 1   |     |                       |
| 1.1.1      | 7   |   |                  | -1  | 1   |    |    | + | 1        |                    | 1 | 1 |    | 1  |     |     |                       |
|            | 8   |   |                  |   | -   | -  |    | 1 | 1        |                    |   |   | 1  |    | 1   |     |                       |
| 1 1 1      | 9   |   |                  | 1   | 1   | 1  |    | 1 | 1        |                    | i | 1 |    |    |     |     |                       |
| 111        | 10  |   |                  |   | -1  | 1  |    | 1 |          |                    |   |   |    |    |     |     |                       |
|            | 11  |   |                  |   | -   | 1  |    | - | 1        | 1                  |   |   |    |    |     |     |                       |
|            | 12  |   |                  | -   | b.  | 1  |    | 1 | 1        |                    |   |   |    | T  |     |     |                       |

XIV. COMMENTS (enter information by section number-see instructions)



Generator Biennial Hazardous Waste Report for 1985 (cont.)

This report is for the calendar year ending December 31, 1985

Date rec'd:

XV. GENERATOR'S EPA I.D. NO.

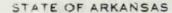
AR |D| 99 | 06 |6 | 0 | 64 | 9 1

XVI. WASTE MINIMIZATION (narrative description)

PERMETHRIN AND CYPERMETHRIN PROCESSES. SEVERAL SMALL CHANGES WITHIN THE PROCESS HAVE RESULTED IN A LESSER VOLUME OF WASTEWATER GENERATED. THESE CHANGES MAINLY CONSISTED OF SMALLER WASH VOLUMES. IN 1984, 15 POUNDS OF WASTEWATER WERE GENERATED PER POUND OF PRODUCT. IN 1985, 11.2 POUNDS OF WASTEWATER WERE GENERATED PER POUND OF PRODUCT; A 25% REDUCTION IN VOLUME. DUE TO CHANGES AND CONCURRENT REDUCTIONS IN VOLUME WHICH HAVE BEEN MADE OVER THE LAST FIVE YEARS. IT IS DOUBTFUL THAT THIS MAGNITUDE OF REDUCTION WILL BE SEEN IN 1986.

KEROSENE BASED POLYMER. SOME REDUCTION IN VOLUME WAS MADE DUE TO RECYCLING. THIS PRODUCT IS NO LONGER IN PRODUCTION AT THIS FACILITY.

> PREPARED BY: JOE E. PORTER ENVIRONMENTAL ENGINEER





## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE P.O BOX 9583 LITTLE ROCK ARKANSAS 72209

November 8, 1985

PHONE: (501) 562-7444

Keith Catlett Vertac Chemical Corporation West Helena Plant Post Office Box 2648 West Helena, AR 72390

Dear Mr. Catlett:

This Department has received the initial copy of the Texas hazardous waste manifest number 00110815, dated 6/12/85; and 00123531, dated 6/10/85; for shipments to Gibraltar Chemical Resources, Winona, TX.

As of this date, the final copy showing the signature and date of acceptance by the TSD facility has not been received by this Department.

Please provide the final copy of the above listed manifest to this Department within five (5) working days of receipt of this letter.

If you have any questions, please contact me.

Vivian A. Lee

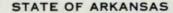
Vivian A. Lee

Manifest Coordinator

Solid & Hazardous Waste Division

cc: Vince Blubaugh, Chief, Solid & Hazardous Waste Division Mike Bates, Compliance & Technical Assistance Branch





## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

September 23, 1985

Mr. David Walker Vertac Chemical Corp. Post Office Box 2648 West Helena, AR 72390

Dear Mr. Walker:

This Department has received the initial and final copy of the Texas hazardous waste manifest number 00110840, dated 5/8/85, for a shipment to Gibraltar Chemical Resources, Winona, Texas.

Please provide the date of transporter's signature in block 17.

Please provide the above listed corrections to this Department within five (5) working days of receipt of this letter.

If you have any questions, please contact me.

Sincerely,

Vivian A. Lee

Manifest Coordinator

Solid & Hazardous Waste Division

cc: Vince Blubaugh, Chief, Solid & Hazardous Waste Division Mike Bates, Compliance & Technical Assistance Branch



#### STATE OF ARKANSAS

## DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

September 16, 1985

Mr. Joe Porter, Environmental Engineer VERTAC Chemical Corporation P.O. Box 1648 West Helena, AR 72390

Dear Mr. Porter:

On 8/22/85 I conducted an inspection of VERTAC Chemical Corporation West Helena facility with you. The inspection was in accordance with RCRA and the Arkansas Hazardous Waste Management Act and the Rules and Regulations that pertain to these acts. The following are violations noted in completing the inspection:

- (1) There is no expected year of closure stated for the closure plan.
- (2) Time estimates for each phase of closure for each area.

The above violations need to be noted and corrected by 10/16/85. Failure to comply will be in violation of RCRA and Arkansas Hazardous Waste Management Act of 1979 as amended.

If you have any questions, please call.

Sincerely,

Dennis Green

Hazardous Waste Inspector

DG:jer

#### RCRA INSPECTION

### SITE IDENTIFICATION

Date E.P.A. ID # ARD 990660649 8/22/85 Street (or other identifier) Site Name VERTAC Chemical CORP Po Box 2648 City State Zip Code County Name WEST HELENA Phillips 72390 Site Operator Information Name Telephone Number 501-522-3201 SAME AS ABOVE City Street State Zip Code Site Description Chasen Chemical MANGENCEURING Type of Ownership Federal State County Municipal Private Generator Transporter Treatment Storage Disposal Non-generator \_\_\_\_ Small-generator Exempted INSPECTION INFORMATION Principal Inspector Information Name HOZARDOW WASTE INSPECTOR ENNIS G. GREEN Organization Telephone No. (area code & No.) ADPCHE 50x 562- 2444 Inspection Participants

JOE PORTER

# RCRA COMPLIANCE INSPECTION REPORT GENERATORS CHECKLIST

| Not | e:   | On multiple part questions, circle those not in compliance.   |       |      |
|-----|------|---|-------|------|
| Sec | tion | A - EPA Identification NO.  |       |      |
| 1.  |      | s Generator have EPA I.D. NO.? (262.12 - EPA I.D. No.)  | Yes _ | No   |
|     | a.   | If yes, EPA I.D. No. ARD 990660649  |       |      |
| Sec | tion | B - Hazardous Waste Determination   |       |      |
| 1.  |      | s generator generate hazardous waste(s) listed in Subpart D<br>1.30 - 261.33 - List of Hazardous Waste)   |       |      |
|     | а.   | If yes, list wastes and quantities on attachment (Include EPA Hazardous Waste No.)  | Yes   | _ No |
|     |      | (Provide waste name and description.)   | 2 - 3 |      |
| 2.  | cha  | s generator generate solid waste(s) that exhibit hazardous racteristics? (corrosivity, ignitability, reactivity, EP icity) (261.20 - 261.24 - Characteristics of Hazardous waste.)    | Yes   | No   |
|     | a.   | If yes, list wastes and quantities on attachment. (Include EPA Hazardous Waste No.) (Provide waste name and description)  |       | 110  |
|     | b.   | Does generator determine characteristics by testing or by applying knowledge of processes? Testing  |       |      |
|     |      | <ol> <li>If determined by testing, did generator use test<br/>methods in Part 261, Subpart C (or Equivalent)?</li> </ol>  | Yes   | No   |
|     |      | <ol> <li>If equivalent test methods used, attach copy of<br/>equivalent methods used.</li> </ol>  |       |      |
| 3.  | by   | there any other solid wastes deemed non-hazardous generated generators? (i.e. process waste streams, collected matter from pollution control equipment, water treatment sludge, etc.) | Yes   | No   |
|     | а.   | If yes, did generator determine non-hazardous charcteristics by testing or knowledge of process?  | ing   |      |
|     |      | 1. If determined by testing, did generator use test<br>methods in Part 261, Subpart C (or Equivalent)?  | Yes   | No   |
|     |      | <ol> <li>If equivalent test methods used, attach copy of<br/>equivalent methods used.</li> </ol>  |       |      |
|     | b.   | List wastes and quantities deemed non-hazardous or processes from which non-hazardous wastes were produced. (Use narrative explanations sheet.) See Anachmont                         |       |      |
|     |      |   |       |      |

If yes, use narrative to describe the type and quantity of the waste and the method used for reclamation.

\_\_\_\_ Yes \_/ No

4. Are any wastes recycled, reused or reclaimed on-site?

Site Name: VERTAL
I.D. Number: penggo66669

|       | 2   | HAL   | 770660697 |
|-------|---|---|-----------|
| 5.    | Are any wastes shipped off-site for reclam  | ation? Yes No   |           |
|       | If yes, use narrative to describe the type its destination. Also give a description   | and quantity of the waste and of storage prior to shipment. |           |
| Sec   | ction C - Manifest  |   |           |
| 1.    | Does generator ship hazardous waste off-sit<br>(Subpart B - The Manifest)   | Yes   | No        |
|       | a. If no, do not fill out Section C and D   |   |           |
|       | b. If yes, identify primary off-site facinarrative explanations sheet.) See ATTA  | lity(s). (Use   |           |
| 2.    | Has generator shipped hazardous waste off-<br>November 19, 1980?  | site since Yes  | No        |
| 3.    | Is generator exempted from regulation became  | use of:   |           |
|       | Small quantity generator (261.5 - Special   | requirements) Yes   | _ No      |
|       | <u>OR</u>   |   |           |
|       | Produces non-hazardous waste at this time (261.4 - Exclusions)  | Yes   | _ No      |
| 4.    | If not exempted does generator use manifest (262.20 - General requirements)   | .?Yes   | No        |
|       | a. If yes, does manifest include the followinformation (262.21 - Required information (Break up items or circle ones not on management of the following that items are circle ones not on management of the following that items are circle ones not on management of the following that items are circle ones not on management of the following that items are circle ones not on management of the following that items are circle ones not on management of the following that items are circle ones. | tion)   |           |
|       | 1. Manifest Document No.  | Yes   | No        |
|       | 2. Generators Name, Mailing Address,  | rele. No Yes  | No        |
|       | 3. Generator EPA I.D. No.   | Yes   | No        |
|       | 4. Transporter(s) Name and EPA I.D. No  | Yes   | No        |
|       | <ol> <li>a. Facility Name, Address and EPA<br/>I.D. No.</li> </ol>  |   | No        |
|       | 6. DOT description of the waste   | Yes   | No        |
|       | <ol> <li>a. Quantity (weight or volume)</li> <li>b. Containers (type and number)</li> </ol>   | Yes Yes   | No No     |
|       | 8. Emergency Information (optional) (special handling instructions, Pho   | one No.) Yes  | No        |
| Effec | tive 9. Waste minimization certification  | <del>- Yes</del>  | No N/A    |

9/1/85

|    |       | 9.              | Is the following certification on each manifest form?  | _         | Yes     | No   |
|----|-------|-----------------|--|-----------|---------|------|
|    |       |                 | This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. |           |         |      |
| 5. | Does  | genera          | tor retain copies of manifests?  | ~         | Yes     | No   |
|    | manı  | Tests W         | leted manifests at random. Indicate how many ere inspected, how many violations were noted e of violation.) 20 man: Fost chacked, NO Violat  | בייםי     |         |      |
|    | If ye | es, comp        | plete a through e. If questions contain more the those not in compliance. (263.23 Use of the t   | han one   | )       |      |
|    | a.    | (1) Did<br>insp | generator sign and date all manifests pected?  |           | Yes     | No   |
|    |       | (2) Who         | signed for generator? Name Bad OBERLE  | _ Title _ | Shipper |      |
|    |       | (1) Did         | generator obtain handwritten signature and of acceptance from initial transporter?   |           | Yes     |      |
|    | (     | (2) Who         | signed for transporter? Name James David F   | itch 1    | itle AG | THE  |
|    | c. D  | oes gen         | nerator retain one copy of manifest signed by or and transporter?  |           | Yes     |      |
|    | d. D  | o retur         | rned copies of manifest include facility perator signature and date of acceptance?   | ~         | Yes     | No   |
|    | 4     | o days,         | of manifest from facility was not returned with<br>did generator file an exception report?<br>- Exception reporting)   | in        | Yes     | No   |
|    | (     | 1) If y<br>Legi | es, did it contain the following information: ble copy of manifest.  |           | Yes MA  | No   |
|    |       | AND             |  |           | /       |      |
|    |       | Cove<br>loca    | r letter explaining generators efforts to te waste.  | MIR       | Yes     | No   |
|    | f. D  | oes (wi         | 11) generator retain copies for 3 years?   | 1         | Yes     | _ No |

| Section | D | - | Pre- | ransport | Requi | rements |
|---------|---|---|------|----------|-------|---------|
|---------|---|---|------|----------|-------|---------|

If yes, complete the following.

| 1. | Does generator package waste?   | 1 | Yes <u> </u>     | _ No |
|----|---|---|------------------|------|
|    | If no, skip to question 9. If yes, complete the following questions.  |   |                  |      |
|    | pect containers ready for immediate shipment. If<br>re are no such containers, skip to question 8.  |   |                  |      |
| 2. | Does generator package waste in accordance with 49 CFR 173 178, and 179? (DOT requirements) (262.30 - Packaging)  |   | Yes              | _ No |
| 3. | Are containers to be shipped leaking or corroding or bulging? Use narrative explanations sheet to describe containers and condition. See ATTACHMENT FOR CONTAINERS  |   | Yes              | _ No |
| 4. | Does the generator use DOT labeling requirements in accordance with 49 CFR 172 when containers are offered for shipment? (262.31 - Labeling)  |   | Yes              | _ No |
| 5. | Does the generator mark each package in accordance with 49 CFR 172 when containers are offered for shipment? (262.32 - Marking)   | _ | Yes              | _ No |
| 6. | a. Is each container of 110 gallons or less marked with the<br>when containers are offered for shipment?  |   | ing labe<br>Yes  |      |
|    | Label saying: <u>HAZARDOUS WASTE</u> - Federal Law<br>Prohibits Improper Disposal. If found, con-<br>tact the nearest police or public safety autho-<br>rity or the U.S. Environmental Protection Agency. |   |                  |      |
|    | Generator's Name and Address  |   |                  |      |
|    | Manifest Document Number  |   |                  |      |
|    | b. If other labels exist, list in narrative.  |   |                  |      |
| 7. | If there are any vehicles present on-site loading or unloading hazardous waste, inspect for presence of placards. Note this instance on narrative explanation sheet. N/A                                  |   |                  |      |
| 8. | Satellite Accumulation (effective June 20, 1985)  |   |                  |      |
|    | a. Does the generator accumulate waste in containers at or<br>generation points?  |   | atellite<br>s No | "    |
|    | If no, skip to question 9.  |   |                  |      |

|    | b.  | Are containers in good condition?  | ✓ Yes _            | _ No   |
|----|-----|--|--------------------|--------|
|    | c.  | Is the waste compatible with the containers?   | ✓ Yes _            | _ No   |
|    | d.  | Is waste transferred from leaking containers or otherwiscontrol leakage?   | se managed t       |        |
|    | e.  | Are containers closed?   | Yes _              | _ No   |
|    | f.  | Are containers marked with the words "hazardous waste" of the contents?  | or identific       |        |
|    | g.  | Has waste accumulation exceeded one (1) quart of acutel (261.33 e.) or 55 gallons of other hazardous waste?                                      | y hazardous<br>Yes |        |
|    |     | If yes,  |                    | 00     |
|    |     | 1. Has the container holding the excess amount been mathematical the date the excess began accumulating?   | V                  | No     |
|    |     | 2. Have excess amounts remained in the satellite accumulate area longer than three (3) days?   | ulation NIR<br>Yes | _ No   |
| 9. | Acc | umulation Time (262.34 - Accumulation Time)  |                    |        |
|    | а.  | Is the site a permitted/ <u>interim</u> status storage facility  | ? Yes              | No     |
|    |     | If yes, skip to Section E, and complete and attach the TSD checklist and appropriate supplemental checklists. If no, answer rest of question #9. |                    |        |
|    | b.  | Is hazardous waste shipped offsite within 90 days?   | Yes                |        |
|    | с.  | Is waste stored in containers or tanks?  | Yes                | HIM No |
|    | d.  | Is the beginning date of accumulation time clearly indicated on each container?  | yes                | No     |
|    | e.  | Is each container or tank marked with the words "Hazardous Waste"?   | HIR Yes            | No     |
|    | f.  | Complete and attach the containers/tanks supplemental checklists as appropriate.   |                    |        |
|    | 9.  | If generator accumulates waste on-site for less than 90 days, complete RCRA Generators Checklist Supple-   |                    |        |

ment.

Site Name: VerTac W H I.D. Number: ARD 990660649

MA

# Section E - Recordkeeping and Reporting

| 1. | Is<br>of | generator keeping the following reports for a minimum three (3) years? (262.40 - Recordkeeping)   |         |                |       |
|----|----------|---|---------|----------------|-------|
|    | a.       | Manifests and signed copies from designated facilities?   | /       | Yes            | No    |
|    | b.       | Biennial reports (or reports as required by state agencies)   |         | Yes _          | No    |
|    | c.       | Exception Reports   |         | Yes            | No    |
|    | d.       | Test results, where applicable.   |         | Yes            | No    |
| 2. | Whe      | re are records kept (at facility or elsewhere)? FAC:L:  | 7       |                |       |
| 3. | Who      | is in charge of keeping the records? Name 500 PORTE   | R Title | ENU            | FHE   |
|    |          | F - Special Condition   |         |                |       |
| 1. | for      | generator received from or transported to a eign source any hazardous waste? (262.50 - ernational Shipments)  |         | Yes _          | ✓ No  |
| If | yes,     |   |         |                |       |
|    | b.       | Has a note been filed with the R.A.? Is this waste manifested and signed by Foreign Consignee? If generator transported wastes out of the country has he received confirmation of delivered shipment? |         | Yes _<br>Yes _ | No No |
|    | d.       | Has the generator filed an annual report (by March 1 of each year) giving the type, quantity, frequency and destination of all exported hazardous waste? (Per HSWA 1984)                              | MIA     | Yes _          |       |

# RCRA COMPLIANCE INSPECTION REPORT TSD FACILITIES CHECKLIST

# Section A - General Facility Standards

| 1.  | Does facility have EPA Identification No.? (265.11 - Identi-<br>fication Number)  | Yes No                      |
|-----|---|-----------------------------|
|     | A. If yes, EPA I.D. No. ARD 9 9 0 6 6 0 6 4 9 If no, explain  |                             |
| 2.  | Has facility received hazardous waste from a foreign source? (265.12 - Required notices)  | Yes/ No                     |
|     | A. If yes, has he filed a notice with the Reg. Admin.   | Yes No M/A                  |
| 3.  | Has the facility received waste from off-site for recycling, reclamation?   | reuse or<br>Yes /No         |
|     | If yes, describe waste type and amount and method to be used.   |                             |
| Was | te Analysis   |                             |
| 4.  | Has the owner/operator obtained detailed chemical and physical representative samples of all hazardous wastes prior to treat or disposing of those wastes?  |                             |
|     | If yes,   |                             |
|     | a. Have the analyses been repeated as the processes or operathe wastes change?  | tions generating<br>✓ YesNo |
|     | b. For off-site facilities are analyses repeated when the wadoes not match the waste identified on the accompanying match | nani fest?                  |
|     |   | YesNoN/A                    |
| 5.  | For off-site facilities, is each shipment of hazardous waste the facility inspected and if necessary, analyzed to determine to the waste listed on the accompanying manifest?   | ne if it corresponds        |
| 6.  | Does the facility have a written waste analysis plan? (265.13 - General Waste Analysis)   | ✓ Yes No                    |
|     | a. If yes, is a copy maintained at the facility?  | ✓Yes No                     |
| 7.  | Does the waste analysis plan include the following:   |                             |
|     | a. Parameters for which each waste will be analyzed<br>and the rationale for selection of these parameters?   | Yes No                      |
|     | b. Test methods used to test for these parameters?  | ✓Yes No                     |

Site Name: Verrac WH I.D. Number: ARD996664

|    | c.        | Sampl<br>sampl  | ling method used to obtain a representative e?  | ✓ Yes         | No       |
|----|-----------|-----------------|---|---------------|----------|
|    |           |                 |   | T             |          |
|    |           | revie           | uency with which the initial analysis will be<br>ewed or repeated?<br>If yes, does it include requirements to re-test<br>when the process or operation generating the waste |               | No       |
|    |           |                 | has changed?  | ✓Yes          | No       |
|    | e.        |                 | off-site facilities) Waste analyses that gener-<br>s have agreed to supply?   | Yes           | No N/A   |
|    | f.        | inspe           | off-site facilities) Procedures which are used to ect and analyze each shipment of hazardous waste ived at the facility, including:   |               |          |
|    |           | 1               | Describer to be used to determine the identity  |               | •        |
|    |           | 1.              | Procedures to be used to determine the identity of each movement of waste?  | Yes           | No MIA   |
|    |           | 2.              | Sampling method to be used to obtain representative sample of the waste to be identified?   | Yes           | No IV/A  |
| 8. | live      | possil<br>stock | facility provide adequate security to minimize bility for the unauthorized entry of persons or onto the active portions of the facility?  Security)                         | <u> ✓</u> Yes | No       |
|    |           |                 | scribe the situation at the facility, document the $1.14$ a. (1) and (2).   | facility's e  | xemption |
|    | If n      | ot exe          | empt, is security provided through:   |               |          |
|    | , a .     | and d           | our surveillance system which continuously monitors controls entry onto the active portion? (e.g. vision monitoring or guards).   | Yes           | No       |
|    | <u>OR</u> |                 |   |               |          |
|    | b.        |                 | rtificial or natural barrier completely surrounding ctive portion? (e.g. <u>fence</u> or fence and cliff)?  | the Yes       | No       |
|    |           |                 | Excribe type of security  Fence (Chain Link) AROUND ENTIRE PLANT  |               |          |
|    |           | A               | ND  |               |          |
|    |           | е               | eans to control entry at all times, through the gate ntrances to the active portion (attendant, televisintrance, controlled roadway access)?                                |               |          |
|    |           |                 | escribe type of security.   | re            |          |
|    |           | I               | nclude a drawing indicating any inadequacies in the ecurity system.   |               |          |

Site Name: VERTAC WH I.D. Number: ARD990160649

|           | с.       | Is a sign with the legend, "Danger-Unauthorized Person posted at the entrance and at other locations in suff be seen from any approach to the active portion? (265) | icient numb | ers to   |
|-----------|----------|---|-------------|----------|
|           | Is it    | written in English and legible from at least 25 feet?   | Yes         | No       |
|           | area s   | The sign must be written in any other language predomiurrounding the facility (e.g. In New Mexico and Texas a, the sign must be in Spanish).                        |             |          |
| If<br>Kee | an exis  | ting sign with a legend other than "Danger-Unauthorized what does that legend say?  | d Personnel |          |
|           |          |   |             | _        |
| Gen       | eral In  | spection Requirements   |             | 1.64     |
| 9.        | a. Do (2 | es the owner/operator maintain a written inspection sch<br>65.15 - General Inspection Requirements)   | nedule?     | . No     |
|           | If       | yes, does it contain at least schedules for inspecting  | the follow  | ring:    |
|           | 5074     | 1. Monitoring equipment? (If applicable)  | Yes         | No N/    |
|           |          | 2. Safety and emergency equipment?  | Yes         | No       |
|           |          | 3. Security devices?  | Yes         | No       |
|           |          | 4. Operating and structural equipment (if applicable)   | Yes         | No       |
|           |          | es the schedule or plan identify the types of oblems to be looked for during inspection?  | ∠ Yes _     | _ No     |
|           |          | <ol> <li>Malfunction or deterioration (e.g. inoperative<br/>sump pump, leaking fitting, eroding dike,<br/>corroded pipes or tanks, etc.)</li> </ol>                 | Yes         | _ No     |
|           |          | 2. Operator error   | ∠Yes _      | No       |
|           |          | <ol> <li>Discharges (e.g. leaks from valves or pipes<br/>joint breaks, etc.)</li> </ol>   | Yes         | _ No     |
|           | c. I     | s the schedule maintained at the facility?  | Yes         | _ No     |
|           | d. A     | re these inspections conducted?   | Yes         | _ No     |
| 10.       | Does t   | he owner/operator have an inspection log?   |             |          |
|           | (265.1   | 5 - General Inspection Requirements)  | Yes         | _ No     |
|           | a. I     | f yes, does it include:   |             |          |
|           |          | <ol> <li>Date and time of inspection?</li> <li>Name of inspector?</li> </ol>  | Yes _       | No<br>No |
|           |          | <ol> <li>Notation of observations?</li> <li>Date and nature of repairs or remedial action?</li> </ol>   | Yes _       | No<br>No |

Site Name: Verra C WH I.D. Number: AR099666649

| Personnel Training  11. Have facility personnel successfully completed a program of classroom or on-the-job training?  a. Does the training program include instructions in the following:  (1) procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment  (2) key parameters for automatic waste feed cut-off systems  Yes  (3) operation of communication or alarm systems  Yes  (4) response to fires, explosions and groundwater contamination incidents  Yes  (5) shutdown of operations  Yes  (6) general hazardous waste management procedures  b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  Yes  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Waste)  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant  |      | b.           | Are there any malfunctions or other deficiencies noted inspection log that remain uncorrected? (Use narrative explanation sheet).  |             | No        |
|--|------|--------------|--|-------------|-----------|
| 11. Have facility personnel successfully completed a program of classroom or on-the-job training?  a. Does the training program include instructions in the following:  (1) procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment  (2) key parameters for automatic waste feed cut-off systems  (3) operation of communication or alarm systems  (4) response to fires, explosions and groundwater contamination incidents  (5) shutdown of operations  (6) general hazardous waste management procedures  (7) Is the program directed by a person trained in hazardous waste management procedures?  (6) Let be program directed by a person trained in hazardous waste management procedures?  (7) Let be program directed annual training reviews?  (8) Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Waste)  (2765.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | с.           | Are records of the inspection log maintained at the facility for three (3) years?  | Yes         | No        |
| a. Does the training?  a. Does the training program include instructions in the following:  (1) procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment  (2) key parameters for automatic waste feed cut-off systems  (3) operation of communication or alarm systems  (4) response to fires, explosions and groundwater contamination incidents  (6) yes  (7) shutdown of operations  (8) general hazardous waste management procedures  (9) Is the program directed by a person trained in hazardous waste management procedures?  (1) Job title, job description and name of employee for each position at the facility related to hazardous waste management  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility yes  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Waste)  (2765.17 - Ignitable, Reactive, Incompatible Wastes)  (285.17 - Ignitable, Reactive, Incompatible Wastes)  (295.17 - Ignitable, Reactive, Incompatible Wastes)  (210 - Ignitable, Reactive, Incompatible Wastes)  (211 - Ignitable, Reactive, Incompatible Wastes)  (212 - Ignitable, Reactive, Incompatible Wastes)  (213 - Ignitable, Reactive, Incompatible Wastes)  (214 - Ignitable, Reactive, Incompatible Wastes)  (215 - Ignitable, Reactive, Incompatible Wastes)  (216 - Ignitable, Reactive, Incompatible Wastes)  (217 - Ignitable, Reactive, Incompatible Wastes)  (218 - Ignitable, Reactive, Incompatible Wastes)  (219 - Ignitable, Reactive, Incompatible Wastes)  (220 - Ignitable, Reactive, Incompatible Wastes)  (221 - Ignitable, Reactive, Incompatible Wastes)  (222 - Ignitable, Reactive, Incompatible Wastes) | Per  | sonne        | 1 Training   |             |           |
| (1) procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment  (2) key parameters for automatic waste feed cut-off systems  (3) operation of communication or alarm systems  (4) response to fires, explosions and groundwater contamination incidents  (5) shutdown of operations  (6) general hazardous waste management procedures  (7) b. Is the program directed by a person trained in hazardous waste management procedures?  (8) Late personnel completed annual training reviews?  (9) Late of the owner/operator maintain the following documents:  (1) Job title, Job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Waste)  (circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant  | 11.  | Have<br>on-t | facility personnel successfully completed a program of che-job training?   |             | No        |
| emergency and monitoring equipment  (2) key parameters for automatic waste feed cut-off systems  (3) operation of communication or alarm systems  (4) response to fires, explosions and groundwater contamination incidents  (5) shutdown of operations  (6) general hazardous waste management procedures  (7) b. Is the program directed by a person trained in hazardous waste management procedures?  (8) Does the owner/operator maintain the following documents:  (9) Job title, job description and name of employee for each position at the facility related to hazardous waste management  (1) Job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  (4) Requirements for Ignitable, Reactive or Incompatible Waste  (5) Requirements for Ignitable, Reactive, Incompatible Wastes  (6) General hazardous waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | a.           | Does the training program include instructions in the fo   | llowing:    |           |
| (3) operation of communication or alarm systems  (4) response to fires, explosions and groundwater contamination incidents  (5) shutdown of operations  (6) general hazardous waste management procedures  b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  Yes  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (1)          | procedures for using, inspecting, repairing and replacin emergency and monitoring equipment  |             | - No      |
| (4) response to fires, explosions and groundwater contamination incidents  Yes  (5) shutdown of operations  (6) general hazardous waste management procedures  b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  Yes  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (2)          | key parameters for automatic waste feed cut-off systems  | Yes         | No        |
| (5) shutdown of operations  (6) general hazardous waste management procedures  b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  Yes  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (3)          | operation of communication or alarm systems  | Yes         | No        |
| (6) general hazardous waste management procedures  b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant  |      | (4)          | response to fires, explosions and groundwater contaminat   |             | s<br>No   |
| b. Is the program directed by a person trained in hazardous waste management procedures?  c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (5)          | shutdown of operations   | Yes         | No        |
| c. Have personnel completed annual training reviews?  d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (6)          | general hazardous waste management procedures  | Yes         | No        |
| d. Does the owner/operator maintain the following documents:  (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  Yes  (2) written description of the type and amount of both introductory and continuing training  Yes  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes?  (265.17 - Ignitable, Reactive, Incompatible Wastes)  (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | b.           | Is the program directed by a person trained in hazardous management procedures?  |             | No        |
| (1) job title, job description and name of employee for each position at the facility related to hazardous waste management  (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes? (265.17 - Ignitable, Reactive, Incompatible Wastes) (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | c.           | Have personnel completed annual training reviews?  | Yes_        | No        |
| (2) written description of the type and amount of both introductory and continuing training  (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes? (265.17 - Ignitable, Reactive, Incompatible Wastes) (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant  |      | d.           | Does the owner/operator maintain the following documents   | :           |           |
| (3) written documentation that the training has been completed by facility personnel  Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes? (265.17 - Ignitable, Reactive, Incompatible Wastes) (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (1)          | job title, job description and name of employee for each the facility related to hazardous waste management  | position at | No        |
| Requirements for Ignitable, Reactive or Incompatible Waste  12. Does facility handle ignitable or reactive wastes? (265.17 - Ignitable, Reactive, Incompatible Wastes) (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (2)          | written description of the type and amount of both introcontinuing training  |             | No        |
| 12. Does facility handle ignitable or reactive wastes? (265.17 - Ignitable, Reactive, Incompatible Wastes) (Circle appropriate type(s) of waste(s).  a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant   |      | (3)          | written documentation that the training has been complete personnel  |             | ty<br>_No |
| <ul> <li>(265.17 - Ignitable, Reactive, Incompatible Wastes)</li> <li>(Circle appropriate type(s) of waste(s).</li> <li>a. If yes, is waste separated and confined from sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant</li> </ul>   | Requ | uireme       | ents for Ignitable, Reactive or Incompatible Waste   |             |           |
| sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from heat producing chemical reactions) and radiant  | 12.  | (265.        | .17 - Ignitable, Reactive, Incompatible Wastes)  | ves         | _No       |
| neat?Yes   |      | a.           | sources of ignition or reaction, (open flames, smoking, cutting and welding, hot surfaces, frictional heat) sparks (static, electrical or mechanical), spontaneous ignition (e.g. from | ✓ Yes       | No        |

Site Name: Verrac w + I.D. Number: ARD9946649

|       | re smoking and open flame confined to specifically esignated locations?   | Yes                          | No   |
|-------|---|------------------------------|------|
| . ,   | an HNa Carlida III at a san a sa  | *                            |      |
| i     | re "No Smoking" signs posted in hazardous areas where gnitable or reactive wastes are handled?  | Yes                          | No   |
| d.    | Is waste handled in a manner which generates extreme heat, proviolent reaction, toxic fumes or other dangers to human healtenvironment?   | ressure,<br>th or the<br>Yes | No   |
| Sect  | ion B - Preparedness and Prevention   |                              |      |
| 1.    | Is there evidence of fire, explosion or contamination of the environment? (265.31 - Maintenance and operation of facility)  | Yes                          | No   |
| If y  | es, use narrative explanations sheet to explain.  |                              | •    |
| 2.    | Is the facility equipped with (265.32 - Required equipment)   |                              |      |
|       | a. Internal communications or alarm system  | ✓ Yes                        | No   |
|       | 1. Is it easily accessible in case of emergency?  | Yes                          | No   |
|       | b. Telephone or two-way radio to call emergency<br>response personnel   | Yes                          | No   |
|       | c. Portable fire extinguishers, fire control equip-<br>ment spill control equipment and decontamination<br>equipment?   | Yes                          | No   |
|       | 1. Is this equipment tested to assure its proper operation?   |                              | No   |
|       | <ul> <li>d. Water of adequate volume for hoses, sprinklers or<br/>water spray system</li> </ul>   | Yes                          | No   |
|       | 1. Describe source of water city of Halong  |                              |      |
|       | 2. Indicate flow rate and/or pressure and storage capacity, if available.   |                              |      |
| 1     | (s there sufficient aisle space to allow unobstructed movement of personnel and emergency equipment?(265.35-Required Aisle Space)   | Yes_                         | No   |
|       | das the owner/operator made arrangements with the local authorities to familiarize them with characteristics of the facility? (layout of facility, properties of hazardous waste handled and associated hazards, places where facility personnel would normally be working, entrances to roads inside facility, possible evacuation routes.) (265.37 - Arrangements with local authorities) | Yes                          | No   |
| f n   | , has the owner/operator attempted to make such arrange-  |                              |      |
| nent: |   | -Yes                         | No N |

Site Name: VERTAL WIN I.D. Number: ARD9906669

| 5.  | In the case that more than one police or fire department might respond, is there a designated primary authority? (265.37 - Arrangements with local authorities)                               | ✓ Yes _          | _ No         |
|-----|---|------------------|--------------|
|     | If yes, indicate primary authority CITY of WOST   | HotorA Pou       | ·· e·        |
|     | a. Is the fire department a city or volunteer fire department? Cory of Word Holoma  |                  |              |
| 6.  | Does the owner/operator have phone numbers of and agreements with State emergency response teams, emergency response contractors and equipment suppliers?                                     | Vas              |              |
|     |   | _ Yes _          | _ NO         |
|     | Are they readily available to the emergency coordinator (265.37 - Arrangements with local authorities)  | Yes _            | _ No         |
| 7.  | Has the owner/operator arranged to familiarize local hospitals with the properties of hazardous waste handled and types of injuries that could result from                                    |                  |              |
|     | fires, explosions, or releases at the facility?  If no, has the owner/operator attempted to do this?  (265.37 - Arrangements with local authorities)  | Yes _            | — No<br>— No |
| 8.  | If the State, or local authorities decline to enter in the above referenced agreements, has this situation be entered in the operating record? (265.37 - Arrangements with local authorities) | en               | No           |
| Sec | tion C - Contingency Plan and Emergency Procedures  |                  |              |
| 1.  | Does the facility have a contingency plan?<br>(265.52 Content of Contingency Plan)  | ✓ Yes _          | _ No         |
|     | a. If yes, does it contain:   |                  |              |
|     | <ol> <li>actions to be taken in response to emergencies?</li> <li>description of arrangements with police, fire</li> </ol>  | Yes              | _ No         |
|     | and hospital officials? 3. list of names, addresses, phone numbers of per-  |                  | _ No         |
|     | sons qualified to act as emergency coordinator? 4. list, including the location and physical desci  |                  | _ No         |
|     | tion of all emergency equipment 5. evacuation plan for facility personnel includin  | ✓ Yes            | _ No         |
|     | signals, primary and alternate routes?  | ✓ Yes _          | _ No         |
| 2.  | Is a copy of the contingency plan maintained at the fa (265.53 - copies of contingency plan)  | cility?<br>Yes _ | _ No         |
| 3.  | Has a copy been supplied local police, fire depts., and hospitals? (265.53 - Copies of contingency plan)  |                  | No           |
| 4.  | Has the contingency plan been updated and amended as necessary?   | ✓ Yes _          | No           |

Site Name: Variac J H I.D. Number: ARD790660649

| 5.   | . Is the plan a revised SPCC Plan? (265.52 - content of contingency plan)  | Yes  | <u>~</u> ! | No    |
|------|--|------|------------|-------|
| 6.   | driving distance of the distance of within short   | Yes  |            | No    |
|      | If yes, list primary emergency coordinator: 50e Porte  | R    |            |       |
| Se   | ction D - Manifest System  |      |            |       |
| 1.   | Has facility received hazardous waste from off-site since November 19, 1980? (265.71 - Use of manifest system)   |      | Yes        | NC    |
|      | a. If no, questions 1, 2, 3 and 4 are not applicable.  |      |            |       |
|      | b. If yes, does the facility retain copies of all<br>manifests for at least three (3) years?   |      | Yes        | / No  |
|      | 1. Are the manifests signed and dated and<br>returned to the generator?  |      | Yes        | No No |
|      | . 2. Is a signed copy given to the transporter?  |      | Yes        | TNO   |
| 2.   | Has the facility received any hazardous waste from a rail or water (bulk shipment) transporter since Nov. 19, 1980? (265.71 - Use of manifest system)            |      | Yes        | No    |
|      | a. If yes, is it accompanied by a shipping paper   |      | Yes        | No    |
|      | Does the owner/operator sign and date the<br>shipping paper and return a copy to the<br>generator?   |      | Yes        |       |
|      | 2. Is a signed copy given to the transporter?  | _    | 1-         | No    |
| 3.   | Has the facility received any shipments of hazardous waste since November 19, 1980, which were inconsistent with the manifest? (265.72 - Manifest discrepancies) |      | Yes -      | No    |
|      | a. If yes, has he resolved the discrepancy<br>with the generator and transporter within 15 days?   |      | Yes        | No    |
|      | <ol> <li>If no, has Regional Administrator been notified<br/>in writing?</li> </ol>  |      | Yes        | No No |
| 4.   | Has the facility received any waste (that does not come under the small generator exclusion) not accompanied by a manifest? (265.76 - Unmanifested waste report) | BINA | Yes        | No    |
|      | a. If yes, has he submitted an unmanifested waste report<br>to the Regional Administrator within 15 days?  | [-   | Yes        | No    |
| Sect | tion E - Record Keeping and Reporting  | _    |            |       |
| 1.   | Does the facility have a written operating record? (265.73 - Operating record)   | ~    | Yes        | No    |
|      | a. Is a copy maintained at the facility?   | ./   | Yei        | No.   |

Site Name: VerTac W H
I.D. Number: ARD 97066664

| 1. 0    | . Does   | the record include   |                 |          |
|---------|----------|--|-----------------|----------|
|         | 1.       | Description and quantity of each hazardous waste and the methods and dates of its treatment, storage or disposal at the facility         | <u></u> ✓ Yes _ | _ No     |
|         | 2.       | Location and quantity of each hazardous waste at each location   | _✓ Yes _        | _ No     |
|         |          | a. Is this information cross-referenced with<br>specific manifest document numbers, if<br>applicable?                                    | Yes             | _ No N/A |
|         | 3.       | (for disposal facilities only) Location and quantity of each hazardous waste recorded on a map or diagram of each cell or disposal area? | Yes             | No N/A   |
|         | 4.       | Record and results of waste analyses   | Yes             | _ No     |
|         | 5.       | Reports of incidents involving implementation of the contingency plan (If applicable)  | Yes             | No N/A   |
|         | 6.       | Records and results of required inspections  | Yes             | _ No     |
|         | 7.       | Monitoring, testing or analytical data where required  | Yes             | No MA    |
|         | 8.       | Closure cost estimates and for disposal facili-<br>ties, post-closure cost estimates   | Yes             | _ No     |
| 2. Has  | the ov   | wner/operator submitted biennial reports as required?  | Yes _           | _ No     |
| Section | F - P    | lans and Reports   |                 |          |
| /or     | r been i | plans and reports been visually inspected and made available for inspection? (265.74 - Availa-etention and disposition of records)       | Yes             | _ No     |
|         |          | d/or reports not made available for inspection. If rep<br>d not made available for inspection, explain.                                  | orts are        |          |
|         |          | NIA  |                 |          |
|         |          |  |                 |          |
|         | d opera  | tor provide inspector with a drawing of the  | Yes No          |          |
| a.      |          | es, please indicate which are hazardous waste  |                 |          |

3. Indicate Types of hazardous waste facilities.

| ✓ Containers           |             |                      |
|------------------------|-------------|----------------------|
| Tanks                  |             |                      |
| Surface Impoundments   |             |                      |
| Waste Piles            |             |                      |
| Land Treatment         |             |                      |
| Landfill               |             |                      |
| Incinerator            |             |                      |
| Thermal Treatment      |             |                      |
| Chemical, Physical and | Biological  | Treatment            |
| Groundwater Monitoring | Program     | r r c a c in e i r c |
| L CLOSURE              | , , o g , u |                      |

# CONTAINERS STORAGE CHECKLIST (Subpart I - Use and Management of Containers 265.170)

| 1.  | Does the facility store hazardous waste in containers?  |      | _ ✓ Ye | s         | No     |
|-----|---|------|--------|-----------|--------|
|     | If no, do not complete this form.   |      |        |           |        |
| 2.  | Are the containers in good condition? (check for leaks, corrosion, bulges, etc.)  |      | Ye     | s         | No     |
|     | If no, explain in narrative and document with photograph  | ١.   |        |           |        |
| 3.  | If a container is found to be leaking, does the operator transfer the hazardous waste from the leaking container?               | V    | Yes    | -<br>_ No |        |
| 4.  | Is the waste compatible with the containers and/or its liner?   | V    | Yes    | _ No      |        |
|     | If no, explain in narrative.  |      |        |           |        |
| 5.  | Are the stored containers closed?   |      | Ye     | s         | No     |
|     | If no, explain in narrative.  |      |        |           |        |
| 6.  | Are containers holding hazardous waste opened, handled or stored in such a manner as to cause the container to rupture or leak? |      | Ye:    | s _       | No     |
|     | If yes, explain in narrative.   |      |        |           |        |
| 7.  | Are each of the containers inspected at least weekly?   | /    | Yes    | _ No      |        |
|     | If no, explain in the narrative the frequency of inspect  | ion. |        |           |        |
| 8.  | Are containers holding ignitible or reactive wastes located at least 15 meters (50 feet) from the facility property line?       | 1    | Yes    | _ No      |        |
|     | If no, explain in narrative and document with photograph  | •    |        |           |        |
| 9.  | Are incompatible wastes stored in the same containers?  |      | Y      | es _      | No     |
|     | If yes, explain in narrative.   |      |        |           |        |
| 10. | Are containers holding incompatible wastes kept apart by physical barrier or sufficient distance?                               |      | Ye     | s         | No M/A |
|     | If no, explain in narrative.  |      |        |           |        |

# Subpart J - Tanks (265.190)

| NUT | compliance. Complete an individual checklist for each tank not pliance and a collective checklist for those in compliance.                                       | or non-<br>t in com- |       |
|-----|--|----------------------|-------|
| 1.  | Are there any tanks which are not being used which the facility no longer plans to use?  | Yes                  | _ No  |
|     | a. If yes, has all hazardous waste and hazardous waste residue been removed from these tanks, discharge control equipment, and discharge confinement structures? | Yes                  | No ^  |
| 2.  | Are tanks presently used to treat or store waste?  | Yes _                | No    |
|     | <ul><li>a. If no, do not complete rest of form.</li><li>b. If yes, check tanks.</li></ul>  |                      |       |
| 3.  | Is there evidence that wastes placed in the tank are incompatible with the tank or liner?  | Yes                  | No    |
|     | NOTE: Any evidence of ruptures, leaks or corrosion. (Use narrative explanations sheet.)  | • •                  |       |
| 4.  | Are there any uncovered tanks?   | Yes _                | ✓ No  |
|     | <ul><li>a. If no, do not complete 4be.</li><li>b. If yes, do they have 2 feet (60cm) freeboard?</li></ul>  | Yes                  | No No |
|     | c. A containment structure? (e.g. dike or trench) or<br>d. A drainage control system?  | Yes _                | No No |
|     | e. A diversion structure? (e.g. standby tank)  | Yes _                | No ^/ |
|     | (NOTE: The structure in c, d or e must have a capacity that equals or exceeds the volume of the top 2 feet (60 cm) of the tank.)                                 |                      |       |
|     | the answers to 4be. are "no", explain current conditions using rative sheets.  |                      |       |
| 5.  | Are any of the tanks continuous feed?  | Yes _                | No    |
|     | a. If yes, is it equipped with a means to stop inflow (e.g. waste<br>feed cutoff or by-pass to a stand-by tank)?   | Yes                  | No    |

Site Name: Verrac W H
I.D. Number: ARDAGLO649

# Waste Analysis and Trial Tests

| 6.  | а.             | Has the tank been used to treat or store a hazardous waste subdifferent from the waste previously treated or stored in the t   | stantially<br>ank? |                    |
|-----|----------------|--|--------------------|--------------------|
|     | OR             |  | Yes                | No                 |
|     | b.             | Has a chemical treatment process been used in the tank which with different than any previously used in the tank?  | vas substan<br>Yes | tially<br>No       |
|     |                | a. or b. is yes,   |                    |                    |
|     |                | Were waste analyses and trial treatment or storage tests condutte change?  | cted prior         | to NO MIA          |
|     | <u>OR</u> 2.   | Was written, documented information obtained on similar storage of similar wastes under similar conditions?  | e or treat         |                    |
| Ins | spect          | <u>—</u>   | Yes                | No MA              |
| 7.  | Does           | the owner/operator inspect the following at least daily, e present?  | ✓ Yes              | _ No               |
|     | (Ind           | licate which items are present in 7 and 8.)  |                    |                    |
|     | a.<br>b.<br>c. | Discharge control equipment (e.g. waste feed cut-off, by pass and/or drainage systems)?  Monitoring equipment (e.g. pressure and temperature gages)?  Level of waste in each uncovered tank?   | Yes<br>Yes         | No<br>No<br>No N/A |
| 8.  | Does           | the owner/operator inspect the following at least weekly?  | ✓Yes _             | _ No               |
|     | a.<br>b.       | and an activity and an activity and activity activity and activity and activity activity and activity and activity activity and activity activity activity and activity activity activity activity activity activity activity activity and activity activit | ✓ Yes              |                    |
| 9.  | Expl<br>dete   | is the procedure for assessing the condition of the tank?  which Inspections  ain in narrative. (e.g. How does the procedure allow for ction of cracks, leaks or corrosion or procedures for ving the tank to allow entrance etc.)   |                    |                    |

|     |      |  | I.D. Number: ARD9906664 |
|-----|------|--|-------------------------|
| 11. | Are  | ignitable or reactive wastes placed in tanks?  | Yes No                  |
|     | a.   | If yes, are they treated, rendered or mixed before or immediately after placement in the tank so it no longer meets the definition of ignitable or reactive?                 | Yes No                  |
|     |      | <u>OR</u>  |                         |
|     | b.   | Is the waste protected from sources of ignition or reaction?   | ✓ Yes No                |
|     |      | <ol> <li>If yes, use narrative explanations sheet to describ<br/>separation and confinement procedures. Sec Affactment</li> </ol>  | e ''8''                 |
|     |      | <ol><li>If no, use narrative explanations sheet to describe<br/>of ignition or reaction</li></ol>  | sources                 |
|     |      | <u>OR</u>  |                         |
|     | c.   | Is the tank used solely for emergencies?   | Yes _ No                |
| 12. | Has  | the facility ever placed incompatible wastes in the tank?  |                         |
|     | `a.  | If yes, what were the results. (Use narrative explanation sheet). (Look for signs of mixing of incompatible wastes fire, toxic mist, heat generation, bulging containers, et | . e.a.                  |
| 13. | If a | waste is to be placed in a tank that previously held an eatible waste, was that tank washed?   | in-<br>Yes No MIR       |

 a. If yes, describe washing procedures (Use narrative explanation sheet.)

Describe how it is possible for incompatible wastes to be placed in the same tank. (Use narrative explanations sheet.)

VERTAL WEST HALENA

8/22/85

# Closure Chocklist.

CLOSURE PROCEDURES WITH COURT TWO AROAS, (1) TANKS & O) CONTAINOR STORAGE. THE SCAPAGE EMPOUNDMENT is No Lowbon A RORA FAC: 6:Ty. The TANKS WILL BE Removed To AM ACCORTABLE DISPOSAL FACILITY. The TANKS AM Associated Pipers will They be wasted and The washing PLACED IN The TANKS OR IN DRUMS, CABONATORY ANALYSIS Will Indicate whether The moterial is accordance For on-sire disposal Try The Biological TRANTMENT System or if it must be shipped off. sire. MAximum INVENTORY OF TANK WAS GENES IS ESTIMATED AT 12,000 GOLLOWS The 55 GAL CONTAINERS WILL be Removed From the SITE TO AM APPROATURE off-site Disposal FACILITY. The CONTAINER AREA WISE Thow be washed AND Residues Generated will be Collected AND help IN CONTAINITAL FOR JAME 6: ATE LABORATORY AMBLYSI'S. IF AWALYS:> FARCILATES The MATERIAL To be 4920 about, Those CONTAINERS WILL ALSO be Shipped TO AN ACCORTABLE CISPEDEL FACILITY. If ANALYSIS Shows No EVIDENCE OF CONTONINATION WASTE WATER WILL be dischanged To The biologicash TREATMENT System. A MAX: num of 500 GALLONS Of WAShings is EXPEJED.

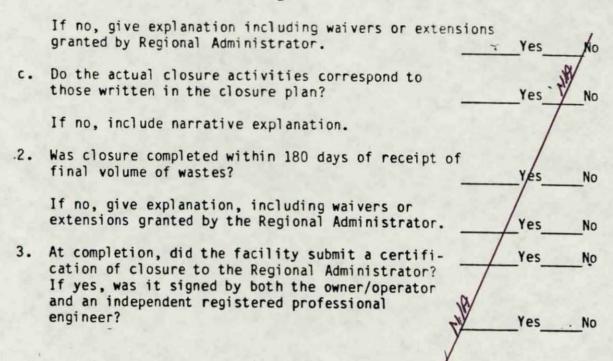
The Clusure Cost Estimore From Vester is 25,400.

The PC+E Estimate Lsive The Puper Reid Formula
\$125,553.40.

Site name: Vertec WH I.D. no.: ARA990660649

# Closure

| A. | boe  | s the facility have a closure plan?   | No         |
|----|------|---|------------|
|    | 1.   | Does the plan include:  |            |
|    |      | a. A description of how and when the facility<br>will be partially, then finally closed?  | YesNo MA   |
|    |      | b. An up-to-date estimate of the maximum inventory<br>of wastes in storage and treatment at any time<br>during the life of the facility?  | YesNo      |
|    |      | c. A description of decontamination procedures<br>for facility equipment?   | ✓ YesNo .  |
|    |      | d. An estimate of expected year of closure?   | YesNo      |
|    | 2.   | Does the plan include a schedule for final closure? If yes, does it include:  | ✓YesNo     |
| *  |      | a. Time estimates for each phase of closure<br>for each area?   | YesNo      |
|    |      | b. Total time estimate for closure?   | YesNo      |
|    | 3.   | Using narrative explanations sheet, give a brief summary of how the facility plans to close each area of hazardous waste management; or attach a copy of the closure plan. See anachnosis & | 3 <i>~</i> |
| *  | 4.   | Does the plan address all areas of hazardous waste management?  | YesNo      |
|    | 5.   | Has the plan been amended as necessary to reflect changes in facility operations or design?   | YesNo      |
|    | 6.   | Are cost estimates available and modified as necessary? If yes, give latest cost estimate and date of adjustments. Sea Annehment'B"   | Yes No     |
| В. | Have | e closure activities begun at the facility?   | YesNo      |
|    | 1.   | If yes,   |            |
|    |      | a. Was the closure plan submitted to the Regional<br>Administrator at least 180 days prior to<br>beginning these activities?  | Yes_No     |
|    |      | b. Were all wastes treated or disposed of within<br>90 days of the final receipt of wastes?   | YesNo      |



Sec 'B"

HAZARDOUS WASTE GONDARIED, PROCESS WASTE WATER; SPONT

PROCESS SOLVENT PERMETHRIN PROCESS DOOL. 8,72 9,240 POUNDS.

PROCESS WASTEWATER; SPONT SOLVENT; CYPERMETHRIN PROCESS DOOL

20,142170 POUNDS. PROCESS WASTE WATER; SPONT SOLVENT PER

MOTHRIN AND CYPERMETHRIN PROCESS DOOL 6,043840 POUNDS.

Polymer sample Waste; Combastible Liquid Dool 6,4051 Pounds.

NON- HAZARDOUS WASTE GENERATED. PROPANCIE ACID WOOD THY

MAMING PROPANIL WASTE. This WASTE IS MENTARLIZED

PHO SONT TO WASTE WATER TROASMENT SYSTEM 75,000 GOLS/YA.

Sec "c"

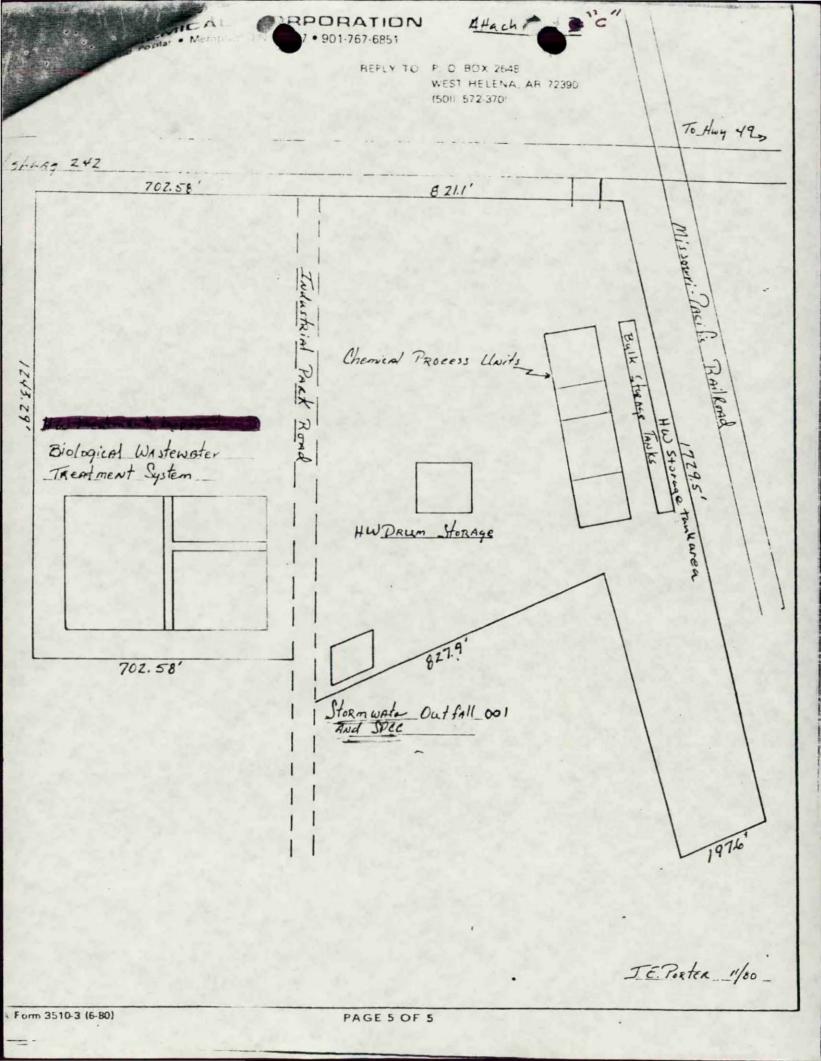
MANIFOST. FACILITIES USED. Chomical Resources INC,

2904 FOUNT MOSIONAL BONK BOILDING TOUSA, OK. GIBRAL
TOR WASTEWASERS, INC. POBOX 1640 KilGome, TX 75602

FACILITY LOCATED AT HWY 155. WINDWA, TX 75792.

CECOS. POBOX 669\_112 + 18WY 63 LIVINGSTON, ALLA

70754.



#### STATE OF ARKANSAS



# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE PO BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

August 16, 1985

Mr. Bud Oberle
Vertac Chemical Corporation
P. O. Box 2648
Highway 242 South
West Helena, AR 72390

Dear Mr. Oberle:

This Department has received correspondence from the Oklahoma Department of Health which indicates that Vertac Chemical Corporation, West Helena, AR has not filled out Oklahoma hazardous waste manifest numbers 14566, dated 6-14-85, 14561, dated 6-5-85, and 14565, dated 6-14-85, in a manner acceptable to the State of Oklahoma.

The total quantity is missing from block 13 on manifest 14565.

The total quantity on 14561 in block 13 appears to be in pounds. However, the units indication should be P (for pounds), unless the quantity is in gallons, in which case GA would be used.

The units in block 14 on 14566 indicates that the 20,264 lbs. should be 20,264 gallons.

Please be advised that Oklahoma regulations may be more stringent than Arkansas, and corrections made on the manifest may be questioned by Oklahoma officials.

Please provide a written explanation and corrected manifests for the above listed manifests to this Department within five (5) working days of receipt of this letter.

If you have any questions, please let me know.

Sincerely,

Administrative Assistant

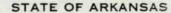
Solid and Hazardous Waste Division

cc: Mike Bates, CTA

Vince Blubaugh, Chief, SHWD

State of Oklahoma

Bates





# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

July 30, 1985

Mr. Carnell McGinister
Vertac Chemical Corp.
Post Office Box 2648
West Helena, AR 72390

Dear Mr. McGinister:

This Department has received the initial and final copy of the Texas hazardous waste manifest number 110832, dated 5/27/85, for a shipment to Gilbralter Chemical Resources, Winona, Texas.

The following correction is required:

 The EPA identification number listed in block 10 does not correspond with our records. We show the number as "TXD000742304." Please correct.

Please provide the above listed correction to this Department within five (5) working days of receipt of this letter.

If you have any questions, please contact me.

Sincerely,

Vivian A. Lee

Manifest Coordinator

Solid & Hazardous Waste Division

Lee

cc: Vince Blubaugh, Chief, Solid & Hazardous Waste Division Mike Bates, Compliance & Technical Assistance Branch

#### STATE OF ARKANSAS



# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE. P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

May 20, 1985

Mr. Bud Oberle
Vertac Chemical Corp.
Post Office Box 2648
West Helena, AR

Dear Mr. Oberle:

This Department has received the initial copy of the Oklahoma hazardous waste manifest number 14521, dated 4/22/85, for a shipment to Chemical Resource, Inc., Tulsa, OK.

Please provide the EPA identification number for the TSD facility in Block  $10. \,$ 

Please provide the above listed correction to this Department within five (5) working days of receipt of this letter.

If you have any questions, please contact me.

Sincerely,

Vivian A. Lee

Manifest Coordinator

Solid & Hazardous Waste Division

cc: Vince Blubaugh, Chief, Solid & Hazardous Waste Division Mike Bates, Compliance & Technical Assistance Branch

#### STATE OF ARKANSAS



# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

April 1, 1985

Mr. Joe Porter
Vertac Chemical Corp.
P. O. Box 2648
Highway 242 South
West Helena, AR 72390

Dear Mr. Porter:

This Department has received the following initial copies of Oklahoma hazardous waste manifests for which no final copies have been received:

5349, dated 2-21-85

5359, dated 2-25-85

5360, dated 2-27-85

5361, dated 2-27-85

5347, dated 2-18-85

5330, dated 2-18-85

5329, dated 2-18-85

5362, dated 2-28-85

Please provide the final copies, or photo-copies, for the above listed manifests to this Department within five (5) working days of receipt of this letter.

If you have any questions, please let me know.

Sincerely,

Vicky Prewett

Administrative Assistant

Solid and Hazardous Waste Division

cc: Vince Blubaugh, Chief, SHWD Mike Bates, CTA





# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

February 8, 1985

PHONE: (501) 562-7444

Mr. Bud Oberle Vertac Chemical Corporation Post Office Box 2648 Hwy 242 South West Helena, Arkansas 72390

Dear Mr. Oberle:

This Department is in receipt of the initial copy of Arkansas hazardous waste manifest number AR-53373, dated 10/3/84, for a shipment to Chemical Tesources, Inc. of Tulsa, Oklahoma.

As of this date, the final copy showing the signature and date of acceptance by the TSD facility has not been received.

Please provide the final copy, or a photocopy, to this Department within five (5) working days of receipt of this letter.

Your cooperation is appreciated. Please contact me if you have any questions.

Sincerely,

Vivian A. Lee

Manifest Coordinator

Solid & Hazardous Waste Division

cc: Vince Blubaugh, Chief, Solid & Hazardous Waste Division Mike Bates, Compliance and Technical Assistance Branch —



STATE OF ARKANSAS

# DEPARTMENT OF POLLUTION CONTROL AND ECOLOGY

8001 NATIONAL DRIVE, P.O. BOX 9583 LITTLE ROCK, ARKANSAS 72209

PHONE: (501) 562-7444

April 2, 1984

Mr. Joe Porter Vertac Chemical Corp. P. O. Box 2648 West Helena, AR 72390

Dear Mr. Porter:

This Department has received the initial copy of Oklahoma hazardous waste manifest number 52878, dated 11-30-83, for a shipment from Vertac to Chemical Resources, Tulsa, OK.

As of this date, the final copy of Oklahoma # 52878 has not been received by this Department.

Please provide the final copy, or a photo-copy, showing the signature and date of acceptance by the TSD facility for 52878 within five (5) working days of receipt of this letter.

If you have any questions, please let me know.

Sincerely,

Vicky Prewett

Manifest Coordinator

Solid and Hazardous Waste Division

cc: Vince Blubaugh, Chief, SHWD

Files

# ARKANSAS DEPARTMENT OF POLIUTION CONTROL & ECOLOGY FACILITY ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1983.

| AFFIX LABEL HERE  | GENERAL INSTRUCTIONS: If you received a preprinted label attached to the mailing envelope in which this form was enclosed, affix it in the space provided. If any of the information on the label is incorrect, draw a line through it and provide the correct information in the appropriate section below. If the information is correct and complete, leave Sections I, II, and III below blank. If you did not receive a preprinted label, complete all sections. REFER TO THE SPECIFIC INSTRUCTIONS CONTAINED IN THIS BOOKLET BEFORE COMPLETING THIS FORM. The information re- |
|---|---|
| lease print/type with elite type (12 characters per inch)   | quested in this report is required by law (Section 3004 of the Resource Conservation Recovery Act).   |
| I. FACILITY EPA I.D. NUMBER   | resource conservation recovery Acts.  |
| T/A C   |   |
| F   A R D 9 9 0 6 6 0 6 4 9 1]  |   |
| II. NAME OF FACILITY  |   |
| V! elritaci   Cihiemiiciali   Cloiripi.   | West   Hellelna   Plaint  |
| III. FACILITY MAILING ADDRESS   |   |
| 3, P(O) Bo x( 2, 6: 4:8)   H(wy) (2:4:2)    Street or P(O) Box  | S+o+u  t  h   |
| 14   W   e; s t;   H e; I   e n, a  |   |
| IV. LOCATION OF FACILITY (if different than section I   | II above)   |
| 15  | 111111111111111111111111111111111111111   |
| 161'  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 State Zip Code  |
| V. FACILITY CONTACT  2: Pio; ritie:r: Joie: E   | 1 1 1 1 1 1 1 45  |
|   | TES FOR FACILITIES  |
| $\frac{ 5 0 1 - 5 7 2 - 3 7 0 1 }{ 6 }$ \$ \(\frac{1}{16}\), \(\frac{1}{19}\)   | $\begin{array}{cccccccccccccccccccccccccccccccccccc$  |
| Phone No. (area code & no.)  Cost Estimate for  | 20 31   |
| VII. CERTIFICATION  I certify under penalty of law that I have personally examined and am family documents, and that based on my inquiry of those individuals immediately submitted information is true, accurate and complete. I am aware that there | responsible for obtaining the information. I believe that the   |

EPA Form 8700-138(5-80) (Revised 10-82)

Print Type Name

including the possibility of fine and imprisonment.

J.W. Shackelford - Plant Manager

Title

Do not make entries in shaded areas

# ARKANSAS DEPARTMENT OF POLLUTION CON DL & COLOGY Facility Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1983.

| VIII. FACILITY'S EPA I.D. NO. |    | T/A | c  |
|-------------------------------|----|-----|----|
| [F A R D 9 9 0 6 6 0 6 4      | 9  |     | 1  |
| 1 2                           | 13 | 14  | 15 |

Date received: \_\_\_\_\_\_

IX. GENERATOR'S EPA I.D. NO.

GIAI R D 9 19 10 16 16 10 16 14 191

X. GENERATOR NAME (specify generator from whom all wastes on this page were received)

XI. GENERATOR ADDRESS

Vertac Chemical Corp. - West Helena Plant

| XII. WA | A. Description of Waste                     |          | (see | Was<br>ins | Hazai<br>te No<br>tructi | ). |    | Har | C.<br>ndling |                       | Ď., | Amo | ount | of  | Was | te   | E. Unit of<br>Measure |
|---------|---|----------|------|------------|--------------------------|----|----|-----|--------------|-----------------------|-----|-----|------|-----|-----|------|-----------------------|
| 29 32   | Process Wastewater;<br>Blowdown; Stormwater | 33<br>41 | 1    | 1          | 37                       | 1  | 40 | T 1 | 6   8        | <b>2</b> <sub>1</sub> | 0,  | 510 | 17   | 9   | 8 ( | 0_10 | The second second     |
|         | 2   | +        | 1    | 1          | 1                        | -  | 1_ | -   | ,            |                       |     |     |      |     |     |      |                       |
|         | 3   | 1        | 1    | 1          | 1                        | 1  | 1  |     | 1            |                       | .0  | 1   | 1    | 1 1 | 1   | 248  |                       |
|         | 4   | 1        | 1    | 1          | 1                        | 1  | 1  | 1   | 1            |                       | 1   | 1   | 1    | 1 1 | 1   | ,    |                       |
|         | 5   | 1        |      | 1          | 1                        | +  | 1  | L   | ,            |                       |     | 1   | 1    | 1 1 | 1   |      |                       |
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| 1111    | 7   | 1        | 1    | 1          | 1                        | 1  | 1  | ,   | ı            |                       | 1   | 1   | ,    |     |     | ,    |                       |
|         | 8   | 1        | 1    | 1          | 1                        | 1  | 1  | 1   | 1            |                       |     | 1   | ,    | ,   |     |      |                       |
| ( )     | 9   | 1        | 1    | -          | 1                        | 1  | 1  | 1   | 1            |                       |     | ,   | 1    | 1   |     | 1    |                       |
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|         | 11  | 1        | 1    | 1          | 1                        | 1  | -  | 1   | 1            |                       | 1 1 | 1   | 1    | 1   |     | 1    |                       |
|         | 12  | 1        | 1    | 1          | 1                        | 1  | 1  | 1   | 1            |                       | 1 1 | 1   | 1    | 1   | 1   | 1    |                       |

XIII. COMMENTS (enter information by section number—see instructions)

Reference: Line 1 - Represents the total amount of process wastewater, boiler and cooling tower blowdown, and stormwater treated and discharged under NPDES Permit no. AR-003-6412; 24,589,904 gallons.

Print/Type Name

EPALform 8700-1845-801 (Resi

## ARKANSAS DEPARTMENT OF POLLUTION CONTROL & ECOLOGY GENERATOR ANNUAL HAZARDOUS WASTE REPORT

This report is for the calendar year ending December 31, 1983.

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|   | The Control of the Co | GENERAL INSTRUCTIONS: If you received a preprint   |
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| 1   | TO THE PROPERTY OF THE PARTY OF | was enclosed, affix it in the space provided. If any of information on the label is incorrect, draw a line through   |
| 1   |  | and provide the correct information in the appropriate se  |
| 1   | AFFIX LABEL HERE   | tion below. If the information is correct and complete les   |
| 1   | (1997年) 1997年  | Sections I, II, and III below blank. If you did not receive  |
| 1   |  | preprinted label, complete all sections. REFER TO THE SI   |
| i   | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  | CIFIC INSTRUCTIONS CONTAINED IN THIS BOOKE<br>BEFORE COMPLETING THIS FORM. The information   |
| L   | The company of the second of t | □- / · · · · · · · · · · · · · · · · · ·   |
| :   | Please print/type with elite type (12 characters per inch)   | Resource Conservation Recovery Act)  |
| 4   | I. GENERATOR'S EPA I.D. NUMBER   | 是是""。"不可能的是这种的是不是不是一个。"  |
| -   | T/A C  | 所以自己的是不是一个的。<br>第一句:   |
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ARKANSAS DEPARTMENT OF POLLUTION CONTROL & ECOLOGY
Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:

VII. GENERATOR'S EPA I.D. NO.

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IX. FACILITY'S EPA I.D. NO.

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VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Chemical Resources, Inc.

X. FACILITY ADDRESS

2904 Fourth Nat'l Bank Building Tulsa, OK

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of all transporters whose services were used -during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

Chemical Resources, Inc. OKD 000-402-396

|        |     |   | E. P.            |                     |                           |  |
|--------|-----|---|------------------|---------------------|---------------------------|--|
| XII. W | = = | TE IDENTIFICATION  A. Description of Waste                | Hazard<br>Hazard |                     | D. Amount of Waste        | E. Unit of Measure   |
|        |     | Process wastewater; spent process solvent; Permethrin pro | 0 <sub>1</sub> 8 | 43 46 47 5          | 0 51 18 17 12 19 12 14 10 | P 60   |
| 深熱     | 2   | Process wastewater; spent solvent; Cypermethrin Process   | 018              | D, 0, 0, 0 D, 0, 0, | 1 12 10 11 14 12 11 71 0  | P  |
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XIII. COMMENTS (enter information by section number-see instructions)

Do not make entries in shaded areas

# ARKANSAS DEPARTMENT OF POLLUTION CONTROL & ECOLOGY Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1983.

| Date rec'd:  | Rec'd by:   |
|--|-------------|
| VII. GENERATOR'S E   | PA I.D. NO. |
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| THE WALLEST COME AS A STREET OF THE PARTY OF | D NO        |
| IX. FACILITY'S EPA I.  | D. NO.      |

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Gibraltor Wastewaters, Inc. TXD 000-742-304

X. FACILITY ADDRESS

P.O. Box 1640 - Kilgore, TX 75662 Hwy 155 - Winona, TX 75792

T X D 0 0 0 7 4 2 3 0 4

- XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of <u>all</u> transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)
  - (1) Gibraltar Wastewaters, Inc. TXD-000-742-304
  - (2) Mobley Company, Inc. TXD-000-807-925

| XII. WAS  | TE IDENTIFICATION  A. Description of Waste             | B. DOT<br>Hazard | C. EPA Hazardous<br>Waste No.<br>(see instructions)   | D. Amount of Waste     | E. Unit of<br>Measure |
|-----------|--|------------------|---|------------------------|-----------------------|
| 1         | Process wastewater; spent sol-<br>vent; Permethrin and | 0 <sub>1</sub> 8 | D <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 D <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 1<br>35 38 39 42<br>43 46 47 50 | 1 16 10 14 17 18 14 10 | P - 60                |
| 2         | Cypermethrin Process                                   | ,                | 11111   |                        |                       |
| 法公司3      |  | 1.               | 111 111   | 1111111                |                       |
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XIII. COMMENTS (enter information by section number—see instructions)

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ARKANSAS DEPARTMENT OF POLLUTION CONTROL & ECOLOGY Generator Annual Hazardous Waste Report (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd

Do not make entries in shaded

Rec'd by:

VII. GENERATOR'S EPA I.D. NO.

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IX. FACILITY'S EPA I.D. NO.

[EL | A| D| 0| 0| 0| 6| 1|8|2|9|8|

VIII. FACILITY NAME (specify facility to which all wastes on this page were shipped)

Browning-Ferris Industries

X. FACILITY ADDRESS

P.O. Box 669 - 112 and Hwy 63 Livingston, Louisiana 70754

XI. TRANSPORTATION SERVICES USED (List the name and EPA identification numbers of <u>all</u> transporters whose services were used during 1981. This section to be completed only once. Do not repeat on supplemental sheets.)

Browning-Ferris, Industries LAT-230-012-999

| XII. WAS | TE IDENTIFICATION  A. Description of Waste   | B. DOT<br>Hazard | C. I                         | Waste | azardous<br>e No.<br>ructions) | D. | Amou     | unt of | Wast | e                | E. Unit of<br>Measure |
|----------|--|------------------|------------------------------|-------|--------------------------------|----|----------|--------|------|------------------|-----------------------|
| 1 1 1 1  | Polymer sample wastes;<br>combustible liquid | 0,1              | D <sub>1</sub> 0<br>35<br>43 |       | 39 42<br>47 50                 | 51 |          | 1614   | 101  | 5 <sub>1</sub> 1 | P 60                  |
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XIII. COMMENTS (enter information by section number—see instructions)

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| HIP' 8242  HEST HELEHA  AR 72390  INCLUTANT CHARACTERISTICS  INCLUTANT CHAR | 11111  |                   |        |             |  | complete and correct, you  | need    | not c  | omplete     |
| ## INCLUTANT CHARACTERISTICS  INSTRUCTIONS: Complete A through 1 to determine whether you need to submit any permit application forms to the EPA II you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is studied from general column and the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is studied from general column and the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is studied from general column and the supplemental form is studied from general column and the supplemental form is studied. A supplemental form is studied from the parenthesis following the supplemental form is studied from the parenthesis following the supplemental form is studied. A supplemental form is studied in the parenthesis following the supplemental form is supplemental form in the parenthesis following the supplemental form is supplemental form in the parenthesis following the supplemental form is a discharge to waters of the U.S." (FORM 20).  It is is a facility which currently results in discharges to waters of the U.S." (FORM 20).  It is a facility which currently results in discharges to waters of the U.S." (FORM 20).  It is a facility which currently results in discharges to waters of the U.S." (FORM 20).  It is a facility with the facility and produced to waters of the U.S." (FORM 20).  It is a facility to proposed stational form to read the column and the supplemental form in the column and the supplemental form in the parenth form to read the U.S." (FORM 20).  It is a facility to proposed stational form to read the U.S." (FORM 20).  It is a facilit | 11111  |                   |        |             |  | must be completed regard   | less).  | Com    | plete all   |
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| questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "I'm the box in the third column in the supplemental form is excluded from permit requirement; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.  **SPECIFIC QUESTIONS**  **SPECIFIC QUEST | II. POLLUTANT CHARACTERISTICS  | 200               |        |             |  | <b>等。这种人的</b> 。3   |         |        |             |
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| is this facility of publicly covered treatment works which results in a discharge to waters of the U.S.? (FORM 2A)  It is this a facility which results in a discharge to water of the U.S. other than hose described water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge to water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge the unit of the water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge the unit of the water of the U.S. (FORM 2D)  E. Does or will this facility which results in discharge the unit of the | SPECIFIC QUESTIONS   | <u> </u>          | MAR    | K'X'        | STATE OF THE PARTY | P. R. C. & SHOOT   |         | MAR    | K'X'        |
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| C. Is this a facility which currently results in discharges to waters of the U.S. of the than those described in A or 8 above? (FORM 2C)  A or 8 above? (FORM 2C)  E. Does or will fly unified at this facility any produced water of the U.S.? (FORM 2D)  S. Do you or will you inject at this facility any produced water of the U.S.? (FORM 3C)  S. Do you or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance water of the U.S.? (FORM 3C)  S. Do you or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance water of the U.S.? (FORM 4C)  S. Do you or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance water of the U.S.? (FORM 4C)  S. Do you or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance or or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance or underground sources of circumstance or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstance or will you inject at this facility industrial or taining, within one quarter mile of the will bore underground sources of circumstances underground or such that is facility industrial or the production in situations and within will prove the production in situations and which will protentially emit 250 tons per year of any air pollutant regulated under the facility industrial categories listed in the instructions and which will protentially emit 250 tons per year of any air pollutant regulated under the produces of the produces of the produces of the produces of  | which results in a discharge to waters of the U.S.?  | 16                |        |             | Include a concentrated a squatic animal production   | animal feeding operation or in facility which results in a   |         |        |             |
| A of globow? [FORM 2C]  E. Does or will this facility treat, store, or dispose of the construction with the facility industrial or municipal effluent below the lowermost stratum containing, within one quarter life of the well borg, underground source of drinking water? (FORM 3)  G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface water or other fluids which are brought to the surface water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids used for enhanced recovery of oil or natural gas, or inject fluids used to enhanced recovery of oil or natural gas, or inject fluids used to enhanced recovery of oil or natural gas, or inject fluids used to enhanced recovery of oil or natural gas, or inject fluids used to enhanced recovery of oil or natural gas, or inject fluids to storage of liquid in one of the 28 industrial extegories listed in the integer year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  II. Is this facility a proposed stationary source which is nor of the 28 industrial categories listed in the integer year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  II. AME OF FACILITY  III. AME OF FACILITY  A. NAME & TITLE (last, first, & title)  B. PHORE (area code & no.)  PORTER, JOE, E. ENVIRONMENTAL ENGINEER  S. STATE D. ZIP CODE  A. STREET OR P.O. SOX  A. STREET OR P.O. SOX  A. STREET ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. GUITY OR TOWN  C. STATE D. ZIP CODE  (If 100/KIP)  A. STREET OR P.O. SOX  A. STREET OR P.O. S | C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in  |                   |        |             | D. Is this a proposed facility in A or B above) which  | lother than those described will result in a discharge to  |         |        |             |
| E. Does of will this technity freet, flore, of dispose of hazardous waters (FORM 3)  A. X.   | A or B above? (FORM 2C)  | Section Section 1 | 23     | 24          | waters of the U.S.? (FOR   | M 2D)  | 25      |        | 87          |
| S. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbona? (FORM 4)  1. Is this facility a proposed stationary source which is the instructions and which will potentially write 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  1. Is this facility a proposed stationary source which is tructions and which will potentially write 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  1. Is the facility and the proposed stationary source which is tructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  1. Is the facility and the proposed stationary source which is the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  1. NAME OF FACILITY  2. PORTER, JOE, E. ENVIRDIMENTAL ENGINER  3. STREET OR P.O. GOX  3. P. O. BOX. 2648  3. P. O. BOX. 2648  4. WEST. HELENA  A. STREET OR P.O. GOX  4. WEST. HELENA  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  5. HIGHWAY 242, SQUITH.  5. HIGHWAY 242, SQUITH.  6. WEST. HELENA  C. CITY OR TOWN  C. STATE  C. CITY OR TOWN  D. STATE  C. CITY OR TOWN                             | hazardous wastes? (FORM 3)   | -                 |        |             | municipal effluent below taining, within one qua   | the lowermost stratum con-<br>arter mile of the well bore,   |         |        |             |
| in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbonay (FORM 4).  Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 sone (Clean Air Act and may affect or be located in an attainment area? (FORM 5).  III. NAME OF FACILITY  SKIP  WE, RT, A, C, C, H, EM, IC, A, L, CQ, R, P, W, ES, T, HELENA, PLANT  IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  B. PHONE (area code & no.)  A. STREET OR P.O. 80X  A. STREET OR P.O. 80X  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. CITY OR TOWN  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. C. C. L. C.   |  | 1                 | 29     | ,,,         | H. Do you or will you injec  | t at this facility fluids for spe-   | 31      | 32     | - 33        |
| oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)  1. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  11. Is this facility a proposed stationary source which is some of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  11. IN. AMAE OF FACILITY  1. SKIP VE RT A. C. C. H. EM. I.C. A. L. C.O. R. P.—W. E.S. T. HELENA PLANT  1. IN. FACILITY CONTACT  A. NAME & TITLE (last, first, & titile)  2. PORTER, JOE. E. ENVIRDNMENTAL ENGINEER  3. SQ1. J. STATE D. ZIPCODE  4. WEST. HELENA  A. STREET OR F.O. BOX  3. P. O. BOX. 2648  3. J. J. STATE E. ZIPCODE  4. WEST. HELENA  C. CITY OR TOWN  D. STATE E. ZIPCODE  F. COUNTY CODE  (If Known)  A. R. 72390  3. AR 72390  | in connection with conventional oil or natural gas pro-  |                   |        |             | process, solution mining   | of minerals, in situ combus-   |         |        |             |
| I. In this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an stationard area? (FORM 5)  III. NAME OF FACILITY  SEKIP VE RT A. C. C. H. EM. I.C. A. L. C.O. R. P. W. E.S. T. HELENA PLANT  A. NAME & TITLE (ltat, first, & title)  S. PORTER, JOE E. ENVIRONMENTAL ENGINEER  A. STREET OR P.O. 80X  B. CITY OR TOWN  A. STREET OR P.O. 80X  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  C. STATE D. ZIP CODE  A. R. J.   | oil or natural gas, or inject fluids for storage of liquid   |                   | xx     |             |  | covery of geothermal energy?   |         |        |             |
| structions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)  III. NAME OF FACILITY  C. BKIP VE.RT.A.C. C.H.EM.IC.A.L.CO.R.PW.ES.T.HELENA.PLANT  IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  B. PHONE (area code & no.)  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. 80X  B. CITY OR TOWN  C. STATE  B. CITY OR TOWN  C. STATE  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  C. STATE  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  C. STATE  B. COUNTY CODE  A. STREET ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. CITY OR TOWN  C. STATE  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  C. STATE  AR 72390  | I. Is this facility a proposed stationary source which is  |                   | 1      |             | J. Is this facility a propose  | ed stationary source which is  | 37      | 1      | ,,          |
| Clean Air Act and may affect or be located in an attainment attainment area? (FORM 5)  III. NAME OF FACILITY  SEXIP  VE.RT.A.C. C. H. EM. I.C. A. L. CO. R. P W. ES. T. HELENA. PLANT  IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  B. PHONE (area code & no.)  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE  C. STATE  B. COUNTY NAME  C. C. STATE     | structions and which will potentially emit 100 tons  |                   |        |             | instructions and which v   | vill potentially emit 250 tons   |         |        |             |
| III. NAME OF FACILITY  S SKIP  VE, RT, A.C., C. H. EM, I.C. A. L., CO. R. P. – W. ES. T. HELENA, PLANT  IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  B. PHONE (area code & no.)  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. HIGHWAY 242, SOUTH,  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  D. STATE  C. CITY OR TOWN  AR  T 2 3 9 0  T 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | Clean Air Act and may affect or be located in an   |                   |        | 42          | Air Act and may affect   |  | 1       |        |             |
| IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  PORTER, JOE, E. ENVIRONMENTAL ENGINEER  OF THE STATE OF THE  |  |                   |        |             |  |  |         |        |             |
| IV. FACILITY CONTACT  A. NAME & TITLE (last, first, & title)  PORTER, JOE E ENVIRONMENTAL ENGINEER  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  ARY 72 390  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. HIGHWAY 242, SQUTH,  B. COUNTY NAME  PHILL IPS  C. CITY OR TOWN  D. STATE E. ZIP CODE  F. COUNTY CODE  ARY 72 390  | 1 SKIP VE RT A C C H EM IC A L   | (                 | CQ     | RP          | W ES T HELENA P  | LANT   |         | 2.47   | Matter.     |
| PORTER, JOE, E. ENVIRONMENTAL ENGINEER  V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  AR 72390  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  HIGHWAY 242, SQUTH  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  D. STATE E. ZIP CODE  F. COUNTY CODE  (L. Indepth)  AR 72390  AR 72390  AR 72390  AR 72390  AR 72390  AR 72390   |  | 19.7/             |        |             | 医特殊的基础系统   |  | **      |        |             |
| V. FACILITY MAILING ADDRESS  A. STREET OR P.O. 80X  3 P. O. BOX 2648.  B. CITY OR TOWN  C. STATE D. ZIP CODE  AR 72390  II II 72390  II II B. COUNTY NAME  B. COUNTY NAME  PHILL IPS  C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE  AR 72390   | A. NAME & TITLE (last, fi  | irst, d           | title  | 1           |  | . PHONE (area code & no.)  | A       | 14:00  | Jan Mari    |
| V. FACILITY MAILING ADDRESS  A. STREET OR P.O. BOX  B. CITY OR TOWN  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. STATE D. ZIP CODE  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  C. CITY OR TOWN  C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE  (I I nown)  A. T2390   | 2 PORTER, JOE E ENVIRONMEN   | ITAI              | LE     | NGINE       |  | 572 3701   | 1       | 15     | the Visit   |
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| B. CITY OR TOWN  C. STATE D. ZIP CODE  ARR 723,90  VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  B. COUNTY NAME  C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE  (If Anown)  ARR 72390  ARR 72390  ARR 72390  ARR 72390  ARR 72390   | A. STREET OR P.O.  | вох               |        | any kee     | The state of the s | <b>沙水</b> 斯·西西   | 1.17    | 41,    | As a second |
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| VI. FACILITY LOCATION  A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  B. COUNTY NAME  B. COUNTY NAME  PHILL IPS  C. CITY OR TOWN  C. CITY OR TOWN  AR 72390  AR 72390  AR 72390  |  |                   | - 10   | 3           |  | DE   |         |        | Marile .    |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  5 HIGHWAY 242, SQUTH,  B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE (If known)  AR 72390  AR 72390  | 4 WEST HELENA  |                   |        |             | AR 723,90  |  |         |        | T.A.        |
| B. COUNTY NAME  PHILLIPS  C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE (If known)  AR 72390  AR 72390  AR 72390  | VI. FACILITY LOCATION  |                   |        |             |  |  | ax.     | 10     |             |
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| C. CITY OR TOWN  D. STATE E. ZIP CODE F. COUNTY CODE (II known)  AR 72390  AR 72390  |  |                   |        |             | - ESTA STATE   |  | 1 7     | 9.     |             |
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| 6 WEST HELENA AR 72390   | C. CITY OR TOWN  |                   |        |             | D.STATE E. ZIP CO  |  |         | 7 24   | Ser Andrews |
| 13 14  | 6 WEST HELENA  |                   |        |             | AR 72390   | 1 1/2  |         |        |             |
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Form Approved UNB No. 158 NO.175

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| /II. SIC CODES (4-digit, in order of priority)   | A STATE OF THE PARTY OF THE PAR |
| A. FIRST   | SECOND   |
| c (specify)  | s (specify)  |
| 7 2865, ORGANIC CHEMICALS  | ORGANIC CHEMICALS  |
| C. THIRD   | D. FOURTH  |
| s       (specify)  | c       (specify)  |
| 7 2879 PESTICIDES  | 7  |
| VIII, OPERATOR INFORMATION   | 13 14 - 11   |
| A. NAME  | B. Is the name listed in   |
| el l l l l l l l l l l l l l l l l l l   | Item VIII-A also the   |
| VERTAG CHENICAL CORPORATION  | owner?   |
| B VERTAC CHEMICAL CORPORATION  | X YES □ NO   |
| <ul> <li>44.49 (20) And the first transfer to the state of the sta</li></ul> | •  |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answ  | er box; if "Other", specify.)  D. PHONE (area code & no.)  |
|  | specify)   |
| S = STATE O = OTHER (specify)  | A 9 01 767 6.851   |
|  | Stephen - Control of Landa Stephen Stephen Stephen Control of the Business Att Williams  |
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| 5 100 POPLAR AVENUE  | · · · · · · · · · · · · · · · · · · ·  |
| H CITY OF TOWN   | II CONTRACTOR IN TURNAL AND  |
| F. CITY OR TOWN  | G.STATE H. ZIP CODE IX, INDIAN LAND  |
| P. Manager   | TN 38137 September 17 September |
| B MEMPHIS  |  |
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| X. EXISTING ENVIRONMENTAL PERMITS  | · · · · · · · · · · · · · · · · · · ·  |
| A. NPDES (Discharges to Surface Water) D. PSD (Air Emission  | ns from Proposed Sources)  |
| ern i i i i i i i i ern i i i  |  |
| 9 N AR0036412  |  |
| 15 16 17 18 - 30 18 16 17 18   | · 30   |
| B. UIC (Underground Injection of Fluids) E. OTH  | ER (specify)   |
| 9 111  | (specify)  |
| 16 16 17 18  | ARKANSAS-AIR POLLUTION CONTROL   |
| C. RCRA (Hazardous Wastes) E. OTH  | ER (specify)   |
|  |  |
|  | (specify)  |
| 9 R ARR990,660649 9 1  | (specify) ARKANSAS-WATER-NPDES OUTFALL   |
| 9 R ARD980.660649  |  |
| 9 R ARD990.660649  | ARKANSAS-WATER-NPDES OUTFALL   |
| Attach to this application a topographic map of the area extending   | to at least one mile beyond property bounderies. The map must show   |
| 9 R ARD990.660649  XI. MAP  Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme  | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface   |
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| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme XII. NATURE OF BUSINESS (provide a brief description)  A. VERTAC CHEMICAL PRODUCTS: (1) PROPANIL (   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface ints.   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme XII. NATURE OF BUSINESS (provide a brief description)  A. VERTAC CHEMICAL PRODUCTS: (1) PROPANIL (   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface ints.   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme XII. NATURE OF BUSINESS (provide a brief description)  A. VERTAC CHEMICAL PRODUCTS: (1) PROPANIL (   | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface ints.   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme XII. NATURE OF BUSINESS (provide a brief description)  A. VERTAC CHEMICAL PRODUCTS: (1) PROPANIL (2) BENZENE SU  | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface ints.  3,4-DICHLOROPROPIONANILIDE) A RICE HERBICIDE LEONYL CHLORIDE   |
| Attach to this application a topographic map of the area extending the outline of the facility, the location of each of its existing and treatment, storage, or disposal facilities, and each well where it in water bodies in the map area. See instructions for precise requireme XII. NATURE OF BUSINESS (provide a brief description)  A. VERTAC CHEMICAL PRODUCTS: (1) PROPANIL (2) BENZENE SU  | to at least one mile beyond property bounderies. The map must show proposed intake and discharge structures, each of its hazardous waste jects fluids underground. Include all springs, rivers and other surface ints.  3,4-DICHLOROPROPIONANILIDE) A RICE HERBICIDE LEONYL CHLORIDE  ) PERMETHRIN, TECHNICAL-FOR ICI AMERICAS   |
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in areas are spaced for clife type, i.e., 12 characters (inch) Form Approved ONE No. 150 U.S. ENVIRONMENTAL PHOTECTION AGENCY FORM EPA I.D. NUMBER HAZARDO WASTE PERMIT APPLICATION 6 nsolidated Permits Program (This information is required under Section 3005 of RCRA.) RCRA FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVED COMMENTS APPROVED (yr., mo., & day) II. FIRST OR REVISED APPLICATION Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above. A. FIRST APPLICATION (place an "X" below and provide the appropriate date) X1. EXISTING FACILITY (See instructions for definition of "existing" facility.

Complete item below.) 2. NEW FACILITY (Complete Hem below.) FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERA-TION BEGAN OR IS FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left) 8 6 9 06 0 6 EXPECTED TO BEGIN REVISED APPLICATION (place an "X" below and complete Item I above) 2. FACILITY HAS A RCRA PERMIT 1. FACILITY HAS INTERIM STATUS III. PROCESSES — CODES AND DESIGN CAPACITIES A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code (s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C). B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process. AMOUNT - Enter the amount. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used. PRO-APPROPRIATE UNITS OF PRO-APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS CESS MEASURE FOR PROCESS PROCESS CODE DESIGN CAPACITY PROCESS CODE DESIGN CAPACITY Treatment: Storage: GALLONS OR LITERS
GALLONS OR LITERS
CUBIC YARDS OR
CUBIC METERS TANK TOI GALLONS PER DAY OR CONTAINER (barrel, drum, etc.) 501 LITERS PER DAY GALLONS PER DAY OR LITERS PER DAY 502 WASTE PILE SURFACE IMPOUNDMENT TOZ TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR GALLONS OR LITERS INCINERATOR T03 SURFACE IMPOUNDMENT 504 Disposal: LITERS PER HOUR GALLONS OR LITERS
ACRE-FEET (the volume that
would cover one acre to a INJECTION WELL OTHER (Use for physical, chemical, thermal or biological treatment GALLONS PER DAY OR LITERS PER DAY depth of one foot) OR
HECTARE-METER
ACRES OR HECTARES
GALLONS PER DAY OR processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) AND APPLICATION OCEAN DISPOSAL DR2 LITERS PER DAY
GALLONS OR LITERS SURFACE IMPOUNDMENT UNIT OF UNIT OF UNIT OF MEASURE MEASURE MEASURE UNIT OF MEASURE CODE CODE UNIT OF MEASURE UNIT OF MEASURE CODE LITERS PER DAY . . . . . . GALLONS ... . . . . G HECTARE-METER. . . . . . . . . . TONS PER HOUR . . LITERS . . . . . . . . . . D METRIC TONS PER HOUR. . . . . . . . W ACRES. . CUBIC METERS GALLONS PER HOUR ....... HECTARES GALLONS PER DAY LITERS PER HOUR . . . EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour. C DUP 12 14 15 1 12 B. PROCESS DESIGN CAPACITY B. PROCESS DESIGN CAPACITY A. PRO A. PRO FOR ш FOR CESS CESS 2. UNIT OF MEA SURE m OFFICIAL 0 OFFICIAL CODE CODE CME I. AMOUNT 1. AMOUNT USE S USE SURE (from list (from list (specify) ONLY ONLY (enter (enter above) above) JZ 27 28 16 1.4 27 28 25 S 0 2 G 5 600 0 3 T E 6 20 7 2 T 0 90,000 U 8 2 S 0 1 20,000 G 9 3 S 0 93,000 G 10 90,000

|             | Fho             | 1600 | opy | i th   | is page before completing if you h       | ore   | thai    | , 2 | 6 w. | aste | es to |      | _   |     |     |    |       |    | Form Approved OMB No. 158-S80004                          |
|-------------|-----------------|------|-----|--------|--|---|---------|-----|------|------|-------|------|-----|-----|-----|----|-------|----|---|
| w A         | R               | - 1  | 7   | 1      | 0 6 6 0 6 4 9 1                          | 11,   | W       |     |      |      |       |      | -   | U   | -   | AL | _ USE | ON | TIAS DUP  |
| 1 2         |                 |      |     |        | ON OF HAZARDOUS WASTE                    | S (contin                                     | 1       |     | >    |      |       |      |     |     |     |    |       |    | 3 14 15 23 - 26   |
| LINE<br>NO. | HA<br>WA<br>(en | ST   | EN  | D.     | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | C. UNIT<br>OF MEA-<br>SURE<br>(enter<br>code) |         |     |      | ١.   | PRO   | oc E | SS  | co  | DES | •  | + (1) | D. | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| 1           | F               | 0    | 0   | 26     | 110,000                                  | 76.<br>P                                      | 27<br>S | 0   | 1    | S    | 1     | 1_   | T   |     | 1   | 27 |       |    |   |
| 2           | F               | 0    | 0   | 5      | 1,200,000                                | P   | s       | 0   | 1    | s    | 0     | 2    | Т   | 0   | 2   | 1  | 1 1   |    |   |
| 3           | P               | 0    | 6   | 6      | 2,200,000                                | P   | Т       | 0   | 2    |      | 1     |      |     | 7   |     |    | 1 1   |    |   |
| 4           | P               | 1    | 0   | 6      | 120,000                                  | P   | S       | 0   | 1    | s    | 0     | 2    | T   | 0   | 1   | T  | 0     |    |   |
| 5           | F               | 0    | 0   | 2      |  |   |         | -   | 1    |      | T     | 1    |     | 1.  | '   |    |       |    | Included in above   |
| 6           | D               | 0    | o   | 0      |  |   |         | 1   |      |      | T     | 1    | T   | 1   | 1   |    | 1     |    | Included in above   |
| 7           | U               | 0    | 2   | 0      | 80,000,000                               | P   | S       | C   | 1    | S    | 3 0   | 2    | 1   | 0 0 | 1   | T  | 0     | 2  |   |
| 8           | F               | 0    | 0   | 5      |  |   |         | T   | T    |      | 1     | 1    |     | -   | 1   |    |       |    | Included in above   |
| 9           | U               | 2    | 2   | 0      | 1,200,000                                | P   | S       | 10  | ) 1  |      | 5 0   | ) 2  | 2   | 1   | 1   | 1  |       |    |   |
| 10          | F               | 0    | 0   | 5      |  |   |         | 1   | 1    | T    | 1     | -    | 1   | 1   | 1   |    | 1     |    | Included in above   |
| 11          | D               | 0    | 0   | 0      | 31,000,000                               | P   | S       | . ( | ) 1  |      | 3 (   | ) 2  | 2 7 | Г   | 1   | 7  | 0 0   |    |   |
| 12          | D               | 0    | 0   | 1      | 300,000                                  | P   | S       | 1   | ) 1  |      | 5 (   | ) 2  | 2   | 1   | -   | T  |       |    |   |
| 13          |                 |      |     | T      |  |   |         | 1   | 1    |      | 7     | 1    | 1   | 1   | ,   | 1  | 1     | '  |   |
| 14          |                 | 1    | T   |        | DESTRUCTION                              |   |         | 1   | 1    | T    | 1     | 1    |     | 1   | 1   | 1  | -     |    |   |
| 15          | T               | 1    | T   |        |  |   |         | 1   | 1    | 1    | 1     | T    |     | -   | 1   | 1  | 1     |    |   |
| 16          |                 | +    | 1   | 1      |  |   | 1       | Т   | T    | 1    | T     | 1    | 1   | 1   | 1   | 1  |       |    |   |
| 17          |                 | 1    | +   | 1      |  |   | 1       | 1   | T    | 1    | 7     | T    | 1   | 1   | 1   | 1  | -     | 1  |   |
| 18          | 1               | t    | 1   | T      |  |   | 1       | 1   | 1    | 1    | 1     | 1    | 1   | 1   | 1   | 1  | •     |    |   |
| 19          | 1               | 1    | 1   | 1      |  |   | 1       | T   | 1    | 1    | 1     | 1    |     | T   | 1   | 1  | 1     | T  |   |
| 20          | +               | 1    | 1   | 1      |  |   | 1       | 1   | Т    | 1    | Т     | 1    |     | Т   | T   | -  | 1     | T  |   |
| 21          | 1               | -    | 1   | 1      |  |   |         | 1   | 1    |      | 1     | 1    |     | 1   | T   | 1  | 1     | 1  |   |
| 22          | 1               | 1    | 1   | 1      |  |   | 1       | 1   | 7    |      | T     | 1    |     | Т   | 1   |    | 1     | 1  |   |
| 23          | +               | 1    | 1   | +      |  |   |         | 1   | 1    |      | 1     | 1    |     | т   | 1   | 1  | 1     | T  |   |
| 24          | -               | 1    | 1   | 1      |  |   | 1       | 7   | T    |      | 1     | -1   |     | 1   | 1   |    | •     | 1  |   |
| 25          | +               | +    | 1   | 1      |  |   | -       | 1   | ī    |      | 1     | 1    |     | 1   | 1   |    | -     | 1  |   |
| 20          | +               | 1    | 1   | -      |  |   |         |     | 1    |      |       |      |     | 1   | 1   |    | T     | ١. |   |
| EPA         | _               | erm  | 35  | 100000 | 24 27 - 3<br>3 (6-80)                    | 5 36  |         | 27  | ÷    | 29   | 27    | -    | 29  | 27  | - 1 | ,  | 27 -  | 29 | CONTINUE ON REVERSI                                       |

III. PROCESSES (continued)

DESCRIBING OTHER PROCESSES (code "TO4"

R EACH PROCESS ENTERED HERE

Further explanation of line No. 1 of Part III:

Biological treatment system. Total volume capacity is 12.6MM gallons. Working volume is 6.6MM gallons. Design throughput is 90M gallons per day. NPDES Permit No. AR-003-6412.

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s/ that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE | CODE | METRIC UNIT OF MEASURE | CODE |
|-------------------------|------|------------------------|------|
| POUNDS                  | P    | KILOGRAMS              | K    |
| TONS                    | T    | METRIC TONS            | M    |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

#### D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

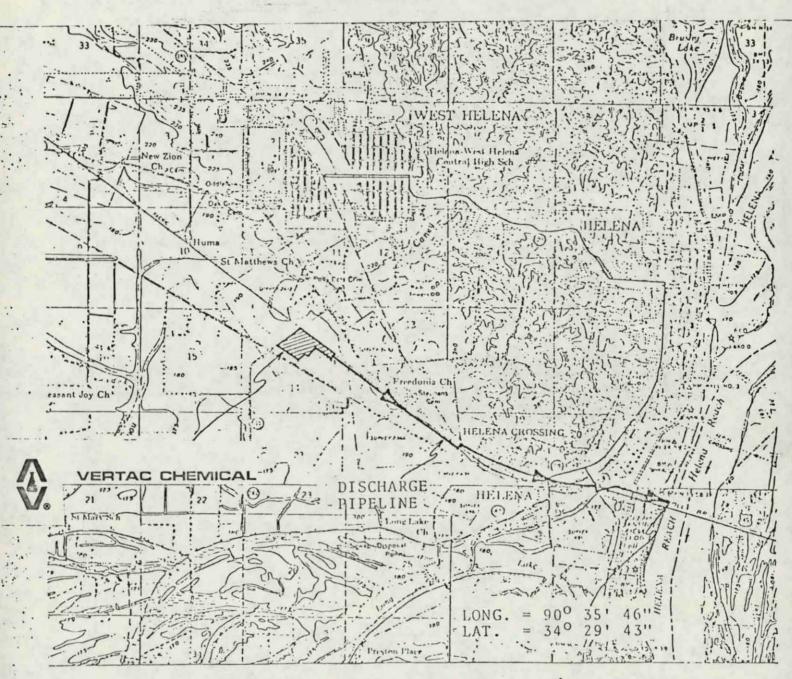
|     | A. EPA                              |  | C. UNIT                            |                             |       |      | D. PR | OCESSES   |
|-----|-------------------------------------|--|------------------------------------|-----------------------------|-------|------|-------|---|
| NO. | HAZARD.<br>WASTENO.<br>(enter code) | B. ESTIMATED ANNUAL<br>QUANTITY OF WASTE | OF MEA-<br>SURE<br>(enter<br>code) | 1. PROCESS CODES<br>(enter) |       |      |       | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4                             | 900                                      | P                                  | T 0 3                       | D 8 0 | -1-1 |       |   |
| X-2 | D 0 0 2                             | 400                                      | P                                  | T 0 3                       | D 8 0 | 11   |       |   |
| X-3 | D 0 0 1                             | 100                                      | P                                  | T 0 3                       | D 8 0 | 1 1  |       |   |
| X-4 | D 0 0 2                             |  |                                    | 11                          | 11    | 11   |       | included with above                                       |



# VERTAC CHEMICAL CORPORATION

24th Floor • 5100 Poplar • Memphis, TN 38137 • 901-767-6851

REPLY TO: P. O. BOX 2648
WEST HELENA, AR 72390
(501) 572-3701



## NPDES Out fall 002

### LOCATION MAP

### (EXCERPT FROM BELOW)

. Mapped and edited by the Mississippi River Commission Published by the Geological Survey

Control by USGS, USCAGS, and USCE

Topography by photogrammetric methods from aerial photographs taken 1960, and planetable surveys 1930-1949 and 1961. Field checked 1961

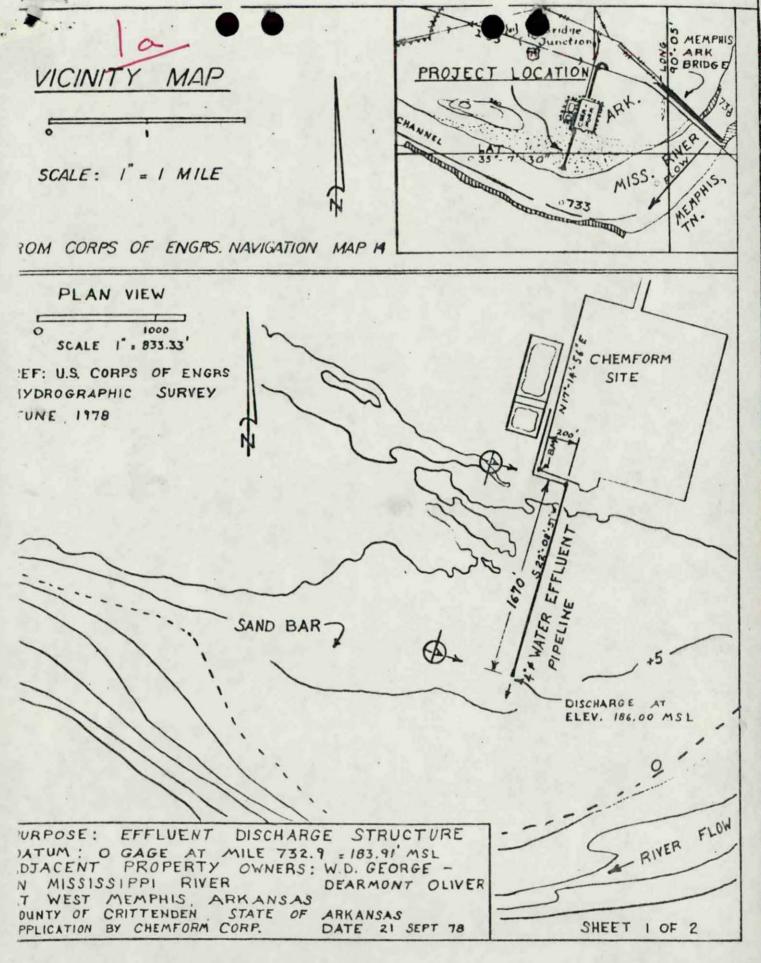
Polyconic projection 1927 North American datum 10 000 foot grids based on Arkansas coordinate system, south zone, and Mississippi coordinate system, west zone 1000-meter Universal Transverse Mercator grid ticks, zone 15, shown in blue

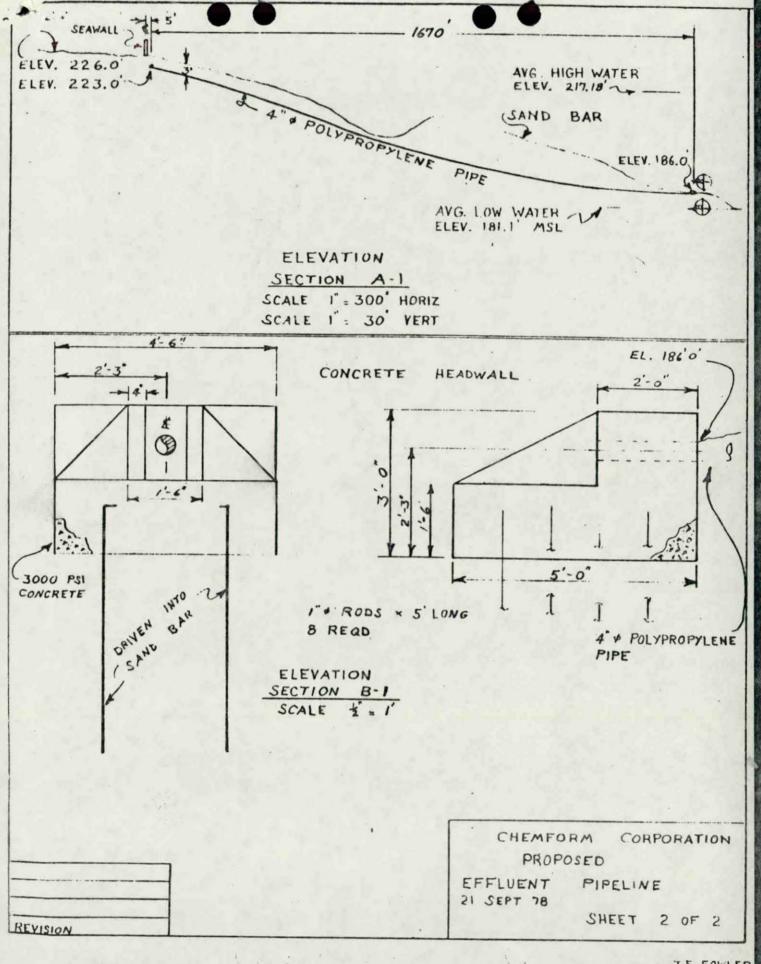
Red tint indicates area in which only landmark buildings are shown

SCALE: 1:62500

MARCH 26, 1976

| Continued from the front.  |              |   |               |             |               |         |      |         | 33        |                      |
|--|--------------|---|---------------|-------------|---------------|---------|------|---------|-----------|----------------------|
|  | nucd<br>SS C | ODES FROM ITEM D(1) ON PAGE                           | 3             |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  | -            |   |               |             |               | 100     |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
|  |              |   |               |             |               |         |      |         |           |                      |
| EPA I.D. NO. (enter from page 1)   |              |   | -             |             |               |         |      |         |           |                      |
| [: A K D 9 9 0 6 6 0 6 4 9 6   |              |   |               |             |               |         |      |         |           |                      |
| V. FACILITY DRAWING  |              |   |               |             |               |         |      | 4.76    |           |                      |
| All existing facilities must include in the space provided on pa VI. PHOTOGRAPHS   | ige 5        | a scale drawing of the facility <i>(see instructi</i> | ons for mo    | re det      | ail).         | 4325    | 346  | SERSE   | SE SES SE | CONTRACTOR OF STREET |
| All existing facilities must include photographs (aerial   | org          | round-level) that clearly delineate al                | l existing    | struc       | tures         | exis    | ting | stor    | age.      |                      |
| treatment and disposal areas; and sites of future storage  |              |   |               |             |               |         |      |         | 3-1       |                      |
| VII. FACILITY GEOGRAPHIC LOCATION  | 334          |   |               |             |               |         |      |         |           |                      |
| LATITUDE (degrees, minutes, & seconds)   | Longit       | UDE (degre  | cs, m         | nutes       | , & see       | Cone    | 18)  | 7       | -         |                      |
| 3 4 3 1 7 5  | 7            | 9 0   | 3 8           | 77          | 7 9           |         |      |         |           |                      |
| VIII. FACILITY OWNER   |              | (2)的政治政策基础的政治。  |               | <i>*</i>    |               |         | 3    |         | 學被        | 7. A                 |
| <ul> <li>A. If the facility owner is also the facility operator as list<br/>skip to Section IX below.</li> </ul>   | ted in       | Section VIII on Form 1, "General Inform               | nation", pla  | ce an       | "X" i         | n the l | box  | to the  | e left a  | nd                   |
|  | and In       | Section VIII on Second accordate the fo               | Handan Iso    |             |               |         |      |         |           |                      |
| B. If the facility owner is not the facility operator as list  |              |   | nowing iter   | 115:        |               |         |      |         |           |                      |
| 1. NAME OF FACILITY'S LEGAL OWNER  |              |   |               |             | 2. P          | HONE    | NO   | o. (are | a code    | & no.)               |
| E  |              |   |               |             | 1             |         |      | -       |           |                      |
| 3. STREET OR P.O. BOX  |              | 4. CITY OR TOWN                                       |               | 5.5         | т.            | 281 1   | 6.   | ZIP     | ODE       |                      |
| F  |              | G   |               |             |               |         |      |         |           |                      |
| IX. OWNER CERTIFICATION  | 41           | 15 16   |               | 41          | 52            | 47      | - N  | 9751    |           | WEST STATES          |
| I certify under penalty of law that I have personally e  | xam          | ined and am familiar with the informa                 | ation subr    | nitte       | d in t        | his ar  | nd a | II att  | ached     | 27504690             |
| documents, and that based on my inquiry of those inc   | divid        | uals immediately responsible for obta                 | ining the     | infor       | matie         | on, 11  | beli | eve ti  | hat the   | e                    |
| submitted information is true, accurate, and complete including the possibility of fine and imprisonment.  | e. 1 a       | m aware that there are significant per                | laities for   | subm        | ittin         | g talse | e in | torm    | ation,    |                      |
| A. NAME (print or type)  | B. S         | GNATURE   | -             | C.          | DAT           | E SIG   | NEI  | 0       |           |                      |
| R. A. Guidi  |              | Molonica  |               |             | N.W. 18, 1980 |         |      |         |           |                      |
| Vice President   | 20000        | Million - 34  | CONTRACTOR OF | CEC-WE III  | / ' -         | V :     | 01   | 17.     | 0         | -                    |
| X, OPERATOR CERTIFICATION  |              | ined and are familiar with the in-                    |               |             | 200           |         |      |         |           |                      |
| I certify under penalty of law that I have personally e<br>documents, and that based on my inquiry of those in<br>submitted information is true, accurate, and complete<br>including the possibility of fine and imprisonment. | divid        | uals immediately responsible for obtaining            | aining the    | infor       | mati          | on, 1   | beli | ieve t  | hat th    | e                    |
| A. NAME (print or type)  | B. 5         | IGNATURE .  |               | C           | DAT           | E SIG   | NE   | D       |           |                      |
| R. A. Guidi  | ilili.       |   |               | N.          | 5             | 16      | 19   | 6-      |           |                      |
| Vice President   |              |   |               | N. 18, 1980 |               |         |      |         |           |                      |
| EPA Form 3510-3 (6-80)   |              | PAGE 4 OF 5   |               |             | *             |         | CC   | MIIN    | UE O      | N PAGE               |







# ITEM VI

### VERTAC CHEMICAL CORPORATION

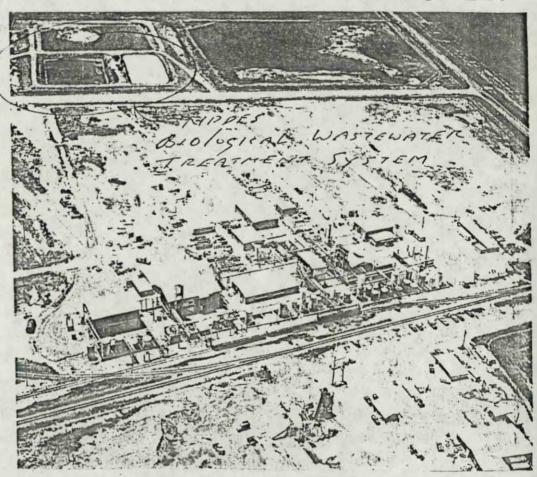
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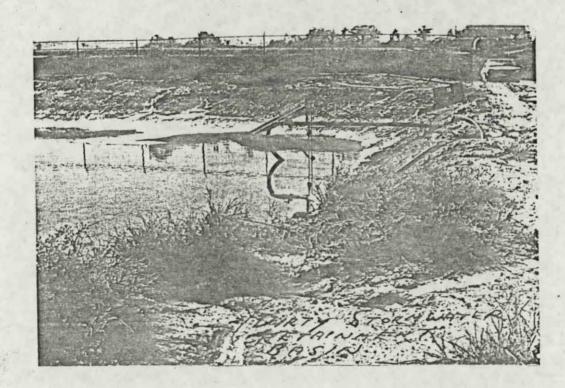
# TECHNICAL DATA SHEET

### West Helena, Arkansas

Established on a 48-acre industrial site four miles from the Mississippi River, the West Helena Plant specializes in custom manufacturing and has a wide selection of multi-functional custom processing units.

PHOTOGRAPH



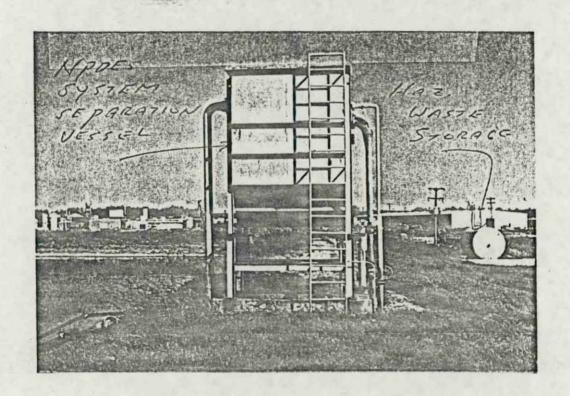


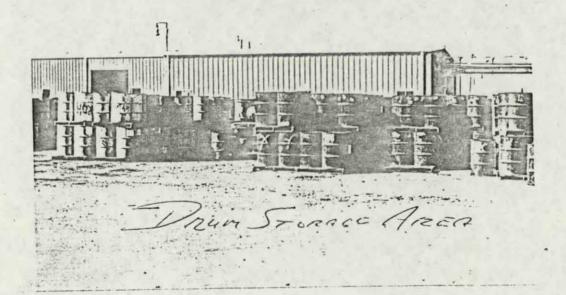


### VERTAC CHEMICAL CORPORATION

TECHNICAL DATA SHEET

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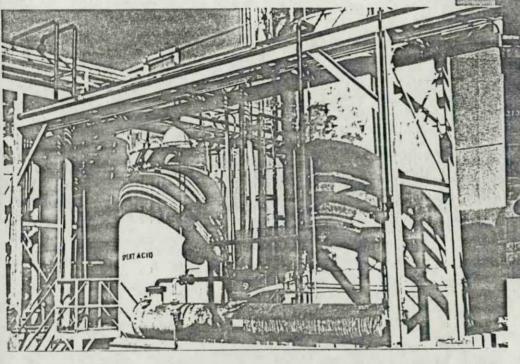


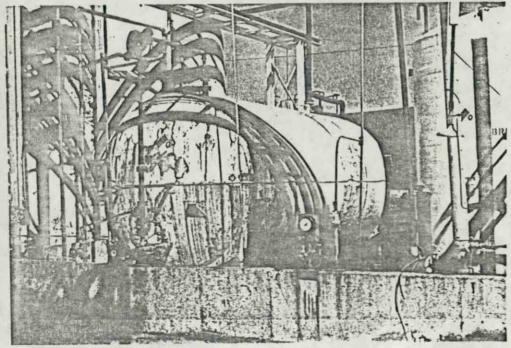
### VERTAC CHEMICAL CORPORATION

24th Floor • 5100 Poplar • Memphis, TN 38137 • 901-767-6851

## TECHNICAL DATA SHEET

HARARDOUS WASTE STORAGE VESSELS





54-0068

### Schedule A

## Facilities and Cost Estimates

Vertac Chemical Corporation West Helena Plant P. O. Box 2648 West Helena, Arkansas 72390

EPA ID# ARD 990660649

Closure \$25,400

Total \$25,400

## Schedule B

The Fund shall be established by the initial deposit hereunder by Grantor in the sum of Thirteen Thousand Five Hundred Dollars (\$13,500), plus interest thereon, as a result of the termination of a previously existing Trust Agreement between the Grantor and First National Bank, Vicksburg, Mississippi, containing substantially identical terms as the foregoing Trust Agreement, said Trust Agreement having been terminated incident to the foregoing Trust.

## Exhibit A

List of persons designated by Vertac who are authorized to give orders and instructions to the Trustee:

#### CONFIDENTIAL MATERIAL REMOVED

INFORMATION HAS BEEN REMOVED FROM THIS FILE BECAUSE IT IS OF A CONFIDENTIAL NATURE.

THIS INFORMATION MAY BE ACCESSED ONLY BY MANAGEMENT STAFF AND MAY BE OBTAINED BY REQUEST TO THE RECORDS LEADWORKER.

WHEN REQUESTING CONFIDENTIAL INFORMATION FOR THIS FILE, PLEASE REFER TO THE FOL-LOWING FILE NAME/NUMBER.

Confidential File Name Vestoc - W. Welling

Number \_ conf: 23-/

54-0068

CERTIFIED MAIL 957469 RETURN RECEIPT REQUESTED

July 2, 1981

Mr. Joe Porter Vertac Chemical Corporation West Helena Plant Highway 242 West Helena, AR 72390

Dear Mr. Porter:

It has been brought to my attention that you have questioned the applicability of the Interim Status Standards in Arkansas. You related to our inspector during a recent RCRA inspection that, on the basis of 40CFR 265.1(c)(4), you do not feel that the federal standards of Part 265 apply to the Vertac West Helena Plant or other Arkansas hazardous waste management facilities. Your opinion, as I understand it, is that the exemption stated in \$265.1(c)(4) relieves Arkansas facilities from the interim status standards because the Arkansas Hazardous Waste Management Code adopted the federal regulations.

The paragraph you referenced states that the Part 265 standards do not apply to facilities in a state with an authorized RCRA hazardous waste program. I must point out that a state program cannot be authorized unless it is substantially equivalent to the federal program. Please refer to 40CFR 123.128(e) which specifically states that "States must have standards applicable to HWM facilities which are substantially equivalent to 40CFR Part 265..." This is a portion of the requirements the Arkansas program met to achieve Interim Authorization. The adoption of the federal regulations as state regulations in effect put the federal standards back into force.

I assure you that the Arkansas hazardous waste program can and will enforce the interim state standards as set forth in 40CFR Part 265 (Section 3 of the Arkansas Hazardous Waste Management Code). Vertac West Helena Plant will be expected to take whatever corrective measures necessary to come into compliance within the time frame specified in the June 23, 1981 letter to you from Mr. Bates. If you wish to discuss this matter with me or members of our hazardous waste staff, please contact this office at your convenience.

Sincerely,

Robert B. Blanz Deputy Director Program Operations

REB: fdp

cc: Mike Bates

CENTIFIED NAIL DS7469 RETURN RECEIPT REQUESTED

July 3, 1981

Ar. Toe Porter Verte Chemical Corporation Most Melena Plant Highway 24

West Molona, At 72390

Desi Mr. Porcer;

It has been brought to by attention that you have questioned the epillosbility of the Interim Status Standards in Athansos. I You railates to our impactor during a recent BCMs inspection that you the basis qualities to car impactor do not feel that the Coneral standards on Parc 26s apply to the Vertae Hast do not feel that the Coneral standards waste, menescent facilities. Your solution fight or other Arkansas hazardous waste, menescent facilities. Your epithon, as I understand it, is that the examption stated in \$165.1(c)(4) rolleves Arkansas facilities trom the interim private standards because the Arkansas facilities facilities the federal regulations.

The paragraph you references states that the Para 265 stendards do not apply to totalities in a state with an curborised SCSA hazardous waste program. I must point out that a state program cannot be authorized unless it is substantially equivalent to the federal program. Please refer to 400FM 135,128(e) which specifically states that "states must have standards applicable to HMM facilities which are substantially equivalent to 400FM Part 265... Into it a persion of the requirements the Arkansas program not to appliere interim authorization. The adoption of the federal regulations as state regulations in effect put the federal standards back into force.

I assiste you that the Arkoneas hamordous wante propers can end will emforce the interim state etandards as set forth is 400FR Pert 205 (Section 3 of the Arkoneas instandards waste Managament Godo). Vertac West Relens Plant will be expected to take Whatever corrective messures necessary to come into sompliance within the time frame specified in the June 25, 1981 letter to you from Mr. Detes. If you wish to discuss this matter with me or members of our halardous waste staff, please contect this office at your convenience.

Sincerely,

Robert & Blanz Deputy Director Program Operations

REB: fdp cc: Wike butes